

# Lammermuir House Care Home Service

East Links Road  
Dunbar  
EH42 1LT

Telephone: 01625417800

**Type of inspection:**  
Unannounced

**Completed on:**  
24 April 2024

**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. Bathrooms and shower rooms are available on most floors of the home. On the ground floor there are two sitting rooms and a large 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 well-tended garden and a veranda.

The service is owned by Tamaris Healthcare (England) Limited, a member of the Four Seasons Health Care Group who are national health care providers.

## About the inspection

This was an unannounced inspection which took place on Thursday 18 and Friday 19 April 2024. Feedback was given on 24 April 2024. The inspection was carried out 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.

In making our evaluations of the service we:

- spoke with people using the service and three of their family
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- Staff treated residents with compassion.
- Staffing arrangements were carefully calculated and met people's needs.
- Residents were cared for by staff who knew them well.
- Better analysis of risk had led to improvements in planning care.

## 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? | 3 - Adequate |
| How good is our leadership?                | 4 - Good     |
| How good is our staff team?                | 4 - Good     |
| How good is our setting?                   | 3 - Adequate |
| How well is our care and support planned?  | 3 - Adequate |

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

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

## 3 - Adequate

We evaluated this service as performing at an adequate level. This means that there were a number of strengths but these must be built on and sustained to make sure that people experience positive outcomes at all times.

Staff interacted warmly and respectfully with people and knew their history, routines and preferences. People experiencing care told us "I like it here," and "They can't do enough for you". Staff, relatives and visiting professionals told us that the service was improving.

There was a programme of activity daily and this included a variety of things that people joined in with. Photos showed that there was both outdoor and indoor events. Gentle exercises helped assist people maintain flexibility and mobility.

Staff spent one-to-one time with people to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors. This had a positive effect on people's feelings of wellbeing.

To ensure the activities are meaningful to people, the service was evaluating if people were getting anything from these events.

People benefited from regular assessments of their care. Risks to the skin, nutrition and falls were identified and safe care planned in line with people's wishes and choices.

We identified that airflow mattresses were not always set correctly. This meant that people's skin could breakdown. as there was pressure reducing equipment used appropriately. This was acknowledged by the manager who agree for these to be regularly checked.

The dining experience had improved. It was unhurried and people had the time to enjoy their meals in the dining room or in their own room when they chose to do so. People who needed assistance received help with their meals and people who ask for food which was not on the menu or needed a special diet received this. The number of residents with weight loss had reduced.

Moving and handling risk assessments and care plans had good information to ensure that falls could be prevented.

Medication management had improved with better recording of administration and the use of forms to show if medications were given effective.

Topical preparations did not always have body maps to show where the cream was applied nor directions for use. This was acknowledge by the manager who planned to rectify this. Improvements had been made to how preventative skin care treatments were recorded but further improvements were needed to make sure that clear instructions were provided for the staff who applied the creams and ointments. This was agreed with the manager.

**How good is our leadership?****4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people.

The manager effectively used audit alongside resident experience to assess the standards of care in the home. The results of audits carried out showed that there was a month on month improvement. This included in skin care, nutrition and falls management. There was an emphasis of speaking with and observing residents and staff to see if things could be done better and if people were satisfied with all aspects of the service.

Considerable work had been completed in medication management with further changes planned or in progress. This meant that medication was better managed and residents received safer care. This was welcomed as many medication errors had been reported and were now reducing. This meant that people were safe.

Whilst work had been carried to improve the cleanliness and appearance of the home, a full refurbishment was planned for the future to improve the facilities in the home.

Staff reported that there was good support from their manager and each other. Good teamwork was evident with respectful and pleasant interactions. The manager had received support from the provider to implement new ways of working. Good team working between the Manager, Deputy manager and staff had a positive impact on staff and they way that they cared for residents. Better relationships with outside agencies meant that residents care was better understood and managed. A deputy manager took up post and worked well supporting the manager.

This meant that staff were well led and had the necessary information and support to provide quality care based on relevant evidence, guidance and best practice.

**How good is our staff team?****4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people.

People can be confident that staff were recruited in a way which has been informed by all aspects of safer recruitment guidance before they were employed. The value base of staff was evident in how they cared for and spoke with residents.

Staff were appropriately registered with a professional body. The Nursing and Midwifery Council (NMC) for Registered Nurses and the Scottish Social Services Council (SSSC) for care staff.

Improvements had been made to the use of agency staff to fill vacant posts. The same staff were booked in advance to make sure people received consistent care from people who were familiar to them.

Staffing numbers and levels were calculated using a provider devised tool alongside staff knowledge and professional judgment. This resulted in reduced delays in responding to peoples need for support and assistance.

Staff stated that they felt that there was sufficient staff and there was no concerns from staff or residents about the time taken to answer call bells.

Staff practiced with kindness, compassion and respect. Care was provided taking account of best practice in infection control.

## How good is our setting?

### 3 - Adequate

We evaluated this service as performing at an adequate level. This means that there were a number of strengths but these must be built on and sustained to make sure that people experience positive outcomes at all times.

The home's communal areas were visibly cleaner and smelled fresh with the exception of a few transient odours which were addressed quickly. New furniture has been purchased such as armchairs. Some redecoration had taken place and this meant that the communal areas looked brighter and more pleasant.

Housekeeping staff reported that they had sufficient supplies and that they could ask for anything else.

Bedrooms were clean and tidy, but no refurbishment work had taken place in resident bedrooms or en suite toilets. The manager was planning for a full refurbishment when the home is registered with a new provider which should provide people with better facilities.

Systems for the routine maintenance of the environment and equipment was planned, monitored and recorded. Additional repairs for unexpected events were carried out as needed.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this service as performing at an adequate level. This means that there were a number of strengths but these must be built on and sustained to make sure that people experience positive outcomes at all times.

The manager recognised that the current care plan system generated a volume of records which meant it could be difficult for staff to find peoples current care needs quickly and easily.

Changes were planned to the system which would take time to implement. In the meantime the manager had made some analysis and summaries from risk assessments and care need assessments. This made it easier for staff to find out the persons current health status and the care that was planned to meet their needs including their preferences and choices.

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

### Requirements

#### Requirement 1

By 18 December 2023, the provider must ensure that personal care is carried out and recorded accurately to maintain the dignity and improve health and wellbeing of residents.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

An extension to this timescale has been agreed to 7 April 2024.

**This requirement was made on 6 October 2023.**

#### Action taken on previous requirement

People looked well groomed with hair and nails clean. There were some gaps in recording of some areas of care

**Met - within timescales**

#### Requirement 2

By 18 December

- a) assess skin for the prevention of pressure ulcers and implement any equipment necessary to relieve pressure
- b) record any breaks or tears to the skin and the management of these
- c) ensure that sufficient washing and drying of skin takes place
- d) ensure topical prescribed medications are utilised as prescribed
- e) ensure that records document any care that has been given.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

' My care and support meets my needs and is right for me' (HSCS 1.19) and  
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

An extension to this timescale has been agreed to 7 April 2024.

**This requirement was made on 6 October 2023.**

### Action taken on previous requirement

Assessments were completed to show how at risk people were from the development of pressure ulcers.

Breaks, tears and wounds were documented. Wound recording and treatment plans were in place with supplementary information such as photos which showed improvements in wounds.

Personal care was carried out which helped maintain skin integrity and cleanliness.

Topical medications were applied, in the main but one item was out of stock and an alternative was sought.

We showed how recording could be better with the use of body maps to indicate where creams should be applied. We discussed the importance of bed making without creases and the setting of airflow mattresses to reduce pressure. The manager agreed to improve the system to make sure mattress settings were checked and that there was recording of topical skin preparations.

### Met - within timescales

#### Requirement 3

By 18 December 2023, the provider must ensure that the nutritional needs of residents are met to maintain their dignity and improve their health and wellbeing.

In order to achieve this, the provider must:

- a) ensure that menus reflect peoples choices and preferences
- b) ensure that meals include soft options and alternatives
- c) ensure that the dining experience is positive with supportive leadership to guide staff
- d) ensure that nutritional care of people is based on the outcomes of assessment with guidance followed according to their risk status.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and  
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

An extension to this timescale has been agreed to 7 April 2024.



This requirement was made on 6 October 2023.

#### Action taken on previous requirement

Choices and preferences were included in menu planning. Menus showed the additional +special item that was made daily and alternatives to the main meal.

The dining experience had improved in the service with cloth table covers, napkins and condiments on the table.

Staff members helped people to their seat and made sure that everyone had a drink. Staff were attentive and helpful.

The servery was well organised with food in a hot trolley and plated by the cook. Food was attractively presented.

Information clearly showed who needed a fortified diet. Individual preferences were catered for with one having a snack meal at lunch and a main meal in the evening. Staff were allocated to delivering meals and supporting people who chose to have lunch in their bedrooms or were in bed. These meals were served on a tray with staff supporting those who needed assistance. Food prepared for those people who needed a modified diet were attractively presented.

This requirement was met.

#### Met - within timescales

#### Requirement 4

4. By 18 December 2023, the provider must ensure medication management systems are reviewed to improve the system and reduce risks.

In order to achieve this, the provider must:

- a) put in place a system to ensure that medication prescriptions and changes made by health care professionals can be checked with the changes made to the medication record.
- b) ensure that guidance of the storage of medication is followed
- c) ensure that there are accurate records of prescribed medications to be given to each person
- d) ensure that any changes to medication prescriptions are accurately recorded on MAR
- e) have an effective system of audit to identify: if there are duplicate medications, where medication is not administered or not in stock, where patch checks are needed and when PRN protocols need reviewed
- f) ensure staff are suitably trained to effectively use the medication management system and implement best practice to optimise care.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

An extension to this timescale has been agreed to 7 April 2024.

**This requirement was made on 6 October 2023.**

### Action taken on previous requirement

Staff told us that the medication management had improved and was safer because the instructions were clearer for them to follow.

Photographs and 'how to take medications ' instructions were in place which helped reduce risks of given medications to the wrong person.

PRN (as required) medications were used to ensure that people could be given medication when needed. Maximum doses and timescales between doses were set out clearly.

We have requested that there are further checks of PRN protocols to be assured the maximum doses in 24 hours are accurate.

Improvements were seen in how staff recorded medicines that were not given and the reasons for this.

Medicated patch check sheets were used to show the location and time placed on the person.

This requirement was met.

### Met - within timescales

#### Requirement 5

5. By 18 December 2023 the provider must ensure that effective audit systems are in place to identify and improve outcomes for people.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement has been extended to 7 April 2024

This requirement was made on 6 October 2023.

#### Action taken on previous requirement

Good audit systems were in place across the service. Issues such as, skin care, nutrition, falls, adults with incapacity, reviews of care and staff registration were routinely audited. The manager had completed some analysis of an overview of people at risk of malnutrition. He had analysed those at risk and had added an explanatory summary to their care file. This showed good analysis and a management plan to make improvements.

Medication was being overseen using audit by the manager. Some changes to ordering were planned so that staff could better manage the changes in the medication cycle.

Audit scores showed that there was steady improvements in the results monthly. This meant that the outcomes for people were also improving.

The manager was strongly committed to auditing the service and they had an influence on the floor making sure that things were getting better.

This requirement was met.

#### Met - within timescales

### Requirement 6

6. By 18 December 2023 the provider must ensure that the care home is clean with no malodours and that there is a plan in place for the refurbishment of the premises.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

This requirement has been extended to 7 April 2024.

This requirement was made on 6 October 2023.

#### Action taken on previous requirement

The home's communal areas are visibly cleaner and smelled fresh. New furniture had been purchased such as armchairs. Walls had been painted.

Some communal bathrooms/shower rooms had been resealed and painted.

Bedrooms were clean and tidy, but no work had taken place in the bedrooms or bathrooms apart from essential repairs due to the anticipated refurbishment after being bought by a new provider.

A broken window which was blown out in the recent storm had been boarded up. A second window was open, and the window restrictor was broken. Residents could not access this area due to a key coded gate, but we asked for an immediate repair which was carried out during the inspection.

An emergency light in the lounge adjacent to the dining room was flickering. The manager said he would get this repaired.

There remained upgrading and refurbishment of the home to be undertaken. This is planned by a new provider.

This requirement was met.

**Met - within timescales**

## Requirement 7

7. By 18 December 2023 the provider must ensure that care plans are updated and can direct and guide staff in the care that must be delivered to each person. Reviews of care must be planned for each resident and fully completed taking account of their views and wishes. Records must be in place when key decisions are made in respect of significant changes to show who was involved in making decisions.

This is to comply with Regulation 4 (1) (a) Welfare of users & Regulation 15 (a) Ensure that at all times suitably qualified and competent persons are working in the care service. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 'My needs are met by the right number of people' (HSCS 3.15).

(See requirement 8 in outstanding requirements).

This requirement has been extended to 7 April 2024.

**This requirement was made on 6 October 2023.**

### Action taken on previous requirement

Care plans are Four Seasons plans and are still very large. There will be changes to these when the home is taken over by a new provider. Meanwhile some analysis has been added by the manager to make it easier to find important information in one place for some residents with high risks for health issues. This makes it easier for staff to know what the current plan is and which health professionals are involved in their care.

**Met - within timescales**

## 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?                                 | 3 - Adequate |
| 1.3 People's health and wellbeing benefits from their care and support     | 3 - Adequate |
| 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     |
| 3.1 Staff have been recruited well   | 4 - Good     |
| 3.3 Staffing arrangements are right and staff work well together           | 4 - Good     |
| How good is our setting?   | 3 - Adequate |
| 4.1 People experience high quality facilities                              | 3 - Adequate |
| How well is our care and support planned?                                  | 3 - Adequate |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

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