

Drummohr Nursing Home Care Home Service

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Wallyford
Musselburgh
EH21 8BH

Telephone: 01316 533 737

Type of inspection:
Unannounced

Completed on:
16 April 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300690

About the service

Drummohr Nursing Home is located in Wallyford, East Lothian. It is registered to support up to 60 adults, the provider is HC-1. It sits close to local shops and bus routes. The home provides accommodation over two floors, each bedroom is ensuite.

First floor access is via a lift or stairs. Communal areas offer lounge and dining for people with small pantries close by. In addition bathing and toilet facilities are located on each floor. Outside garden spaces are located to the front and side of the home but are not secure.

About the inspection

This was an unannounced inspection which took place on 9, 10, 11 April 2025. The inspection was carried out by one inspector 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 their family
- Spoke with staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- People's health and wellbeing needs were being met.
- People enjoyed a range of activities and use of outside spaces.
- Recent recruitment had employed new team members to support people.
- External building / garden improvement work was planned for the summer.

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 staff team?	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 made an evaluation of good for this key question. We recognised strengths which outweighed the areas where improvements were identified.

People were mostly supported by a team that knew them. The home had recently completed a recruitment drive and new employees were being introduced to people and supported by the core team. Interactions we observed were warm, kind and caring between people and staff. People we spoke to told us they had their choices met. People had access to private and shared communal areas. They were able to move freely round the home as they wished and had access to the garden areas in better weather. One family member told us, 'staff are kind and caring building relationships with them', another saying 'can't say enough good about the staff'. This meant people experienced care from a team they knew.

People enjoyed mealtimes together or in their rooms, with no sense of rush. Where people needed support we observed kind interactions. Some people's clothes were protected by tabards. We spoke to the home about this and they told us they planned to meet and find other ways to protect people's clothing. Some family members visited daily and enjoyed their lunch together. Menus displayed the choices each day with alternatives available. People provided feedback on meals at the resident meetings. The kitchen team were aware of people's dietary requirements. People had access to drinks in their rooms as well as the communal spaces. Morning and afternoon teas offered fruit platters, smoothies and homemade treats. These approaches meant people came together at mealtimes, and had access to drinks and food they enjoyed.

A range of professionals visited the home regularly and provided advice and support to maintain people's health and wellbeing. Staff recognised and reported appropriately when people's condition changed. Family members told us, staff contacted them if they had noticed changes in their loved ones' health. Safe medication systems were in place to support people. Audits were completed monthly internally and external audits were completed by the pharmacy. People benefitted from responsive care as staff and professionals worked together to support them.

People took part in a wide range of one to one or group activities that they enjoyed. A weekly planner displayed activities but were subject to change as people wished. We observed people taking part in activities in the garden and lounge area. The local church service was each Sunday. The home had recognised it needed to strengthen and build links with the local community and had plans in place. A few people enjoyed going out with family and friends for day trips. This meant people were involved in things that were meaningful to them.

The home had access to a bus for day trips. However, only one person was able to drive it. We spoke to the service about this and they would look at ways to improve this for people to use it more. We will monitor this at our next visit.

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

We made an evaluation of good for this key question. We recognised the strengths which outweighed the areas where improvements were identified.

The service had an improvement plan in place. An electronic system (RADAR) supported the oversight of incidents, accidents and complaints and quality assurance audits. An audit plan was in place. Where needed, action plans for audits, complaints, accidents were generated to drive improvements. These were monitored and actioned by the home manager and deputy, with oversight from the area director and regional quality assurance team. We found people's access to their funds out of office hours was not in place. We spoke to management about this and they rectified this during the inspection. Policies were regularly reviewed. These processes meant people benefitted from a service that had quality assurance processes in place.

Safer recruitment procedures meant people could be confident that they were cared for by staff that had been appropriately recruited.

Maintenance checks, cleaning schedules and environmental walk rounds by managers were in place. Staff had access to personal protective equipment (PPE) and used it appropriately. As a result of having these measures in place people experienced a safe environment.

Resident meetings were held monthly by the activity team. People provided feedback about their service, care and support, mealtimes and activities. The service invited relatives to meetings, produced a newsletter and had a private Facebook page. Family members provided feedback by completing surveys on the website carehome.co.uk. These approaches meant people and their relatives had the opportunity to provide feedback and be included.

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

We made an evaluation of good for this key question. We recognised the strengths which outweighed the areas where improvements were identified.

People who used the service benefitted from a warm atmosphere because there were good working relationships. Staff told us communications with the manager were good. Daily handovers took place at each shift change. A further daily meeting led by the manager included the nurses, activity, kitchen, housekeeping and maintenance teams. It was here staff had the opportunity to discuss work and supporting people with any planned events or appointments. This meant staff were informed about what was happening in the home and were aware of people's changing needs.

The home had recently recruited a number of new staff who had a period of induction. Training was provided in a variety of formats that included face to face, online training and external training sessions. The manager had identified areas for additional training and had supported staff to attend these sessions. The manager had oversight of the training staff completed. A few staff had completed additional vocational training. Staff meetings were now being planned monthly. Staff supervisions were in place where staff had the opportunity to gain support, feedback and discuss learning. This meant people experienced care and support from a team that were trained and had opportunities to learn and develop.

Staffing levels were planned using a staffing dependency tool. This measured people's care needs and generated the staff required on shift each day. These were reviewed at regular intervals. Some employees felt at peak times short staffed, for example in the morning when people were supported with personal care. We spoke to the managers about this, they told us more staff had been recruited. The service agreed to look at ways to gain feedback from people and staff regarding staffing levels and skill mix. We will follow this up at our next inspection.

How good is our setting?

4 - Good

We made an evaluation of good for this key question. We recognised the strengths which outweighed the areas where improvements were identified.

The home had a warm, welcoming atmosphere with shared lounge and dining spaces as well as small quiet lounges and a café area. A family member told us the home had helped them celebrate a special event with family and friends, whilst another family spent mealtimes with their loved one each day. Some external repair work was planned for the summer with internal maintenance and decoration planned after its completion. We will monitor this at the next inspection.

The home was clean and free from intrusive odours. The housekeeping and maintenance team had schedules in place for cleaning with regular monitoring of specialized equipment used to support people's care and support. People had their own personal bedroom space which they decorated with items meaningful to them. A family member told us they brought furniture their relative liked to make the room their own. This meant people had a private space that was special to them.

People could move round the home as they wished, and made use of outdoor spaces which were accessible but not securely enclosed. Staff supported people to access these areas as they wished and spent time in the garden in good weather.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question. We recognised the strengths which outweighed the areas where improvements were identified.

People had a personal plan that was relevant for them. One family we spoke to told us they had helped complete their loved one's plan. If people needed additional risk assessments these were in place and reviewed regularly. The service had recently moved to an online system for the personal plans. Staff had received training in how to use these effectively. The home had identified team members who had helped introduce and support the staff for this new development.

The personal plans contained information about people's likes dislikes and preferences. Audits had been completed with the managers having an oversight of these. People and their families were involved in reviews. This meant people had a plan that was right for them as it set out how to provide their support and care.

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	4 - Good
1.3 People's health and wellbeing 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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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