Eildon House Nursing Home
Care Home Service Adults
Eildon House
23 Eildon Street
Edinburgh
EH3 5JU
Telephone: 0131 557 1481

Inspected by: Andrea Herkes
Type of inspection: Unannounced
Inspection completed on: 13 March 2012
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**Service provided by:**

Anthony McGuire

**Service provider number:**

SP2003002456

**Care service number:**

CS2003010633

**Contact details for the inspector who inspected this service:**

Andrea Herkes
Telephone 0131 653 4100
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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
</tr>
<tr>
<td>Quality of Environment</td>
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<tr>
<td>Quality of Staffing</td>
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<tr>
<td>Quality of Management and Leadership</td>
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What the service does well

This service provides a warm and homely environment where the residents looked comfortable and at ease in the home and with the staff team.

Residents and relatives/carers spoke highly of the care and support provided. They said that staff were aware of and responsive to individual care needs. All said that residents were treated with dignity and respect. This was seen in staff practice during the inspection.

What the service could do better

The Manager felt that improvements could be made to further developing community links to support residents to participate in local events and activities.

The Manager also considered that the support and development of staff was an area of continual improvement to ensure they were confident and trained to undertake the tasks demanded of their working role in the home.

Care plan records including assessments, evaluations and review information should continue to be developed to evidence the good quality of care we saw during the inspection.
The plans for redecoration and improvements to the home environment including the reduction of shared rooms should continue.

The service should continue to develop the participation strategy.

**What the service has done since the last inspection**

Some redecoration and refurbishment has taken place since the last inspection and there has been a reduction in shared rooms.

**Conclusion**

This is a welcoming and comfortable care home where relatives and residents spoke highly of the care and the support provided to the resident group.

Staff impressed as knowledgeable and responsive to the needs of residents and we saw care delivered with consideration and respect. Relatives/carers met, also confirmed this view.

**Who did this inspection**

Andrea Herkes
1 About the service we inspected

Eildon House is a care home facility, registered to provide 24 hour care and support for up to 28 older people this includes nursing care. An application has recently been submitted by the Manager to the Care Inspectorate to reduce the home capacity to 26. This application is to reduce the number of shared rooms in the home.

The home is situated in a quiet residential street which overlooks a park and has views across the city of Edinburgh. The home is close to local amenities, including the Botanic Gardens.

The home is a large three storey property with stair and lift access to the upper floors. There are both single and shared rooms, some of which have en-suite or wash hand basins. There are bathing or showering facilities on each floor.

There are large bright sitting and dining rooms on each floor and a separate kitchen and laundry.

The information brochure states that the home aims to "provide the highest standard of nursing care 24 hours each day in a safe and welcoming environment."

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS, now the Care Inspectorate.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good  
Quality of Environment - N/A  
Quality of Staffing - Grade 5 - Very Good  
Quality of Management and Leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

Care Inspectorate Inspector Andrea Herkes visited the service and carried out the inspection on 7 March 2012 between 9:10 am and 1:10pm and 13 March 2012 between 9:15 and 1:15pm.

In this inspection we gathered evidence from various sources, including:
- The Certificate of Registration
- The staffing schedule
- Insurance certificates
- Three personal care and support plans
- Minutes of staff meetings
- The home newsletter
- Content of 7 (of 20 sent) relative/carer care pre inspection questionnaires
- Content of 8 (of 20 sent) resident pre inspection questionnaires, 6 of which were completed by relatives/carers with or on behalf of residents
- Accident and incident records
- Complaint records
- Discussions with the Manager
- Discussions with 6 members of care staff on duty including Registered Nurses
- Discussion with three relatives/carers
- Meeting with most of the residents
- Discussion with 9 residents to ascertain their views on the service provided
- Discussion with the GP visiting the home
- Observation of staff practice
- Examination of some of the home environment

The above information was taken into account during the inspection process and feedback on the outcomes of the inspection was shared with the Manager on 13 March 2012.
Grading the service against quality themes and statements
We inspect and grade elements of care that we call ‘quality themes’. For example, one of the quality themes we might look at is ‘Quality of care and support’. Under each quality theme are ‘quality statements’ which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)
In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues
We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any recommendations we made at our last inspection

Two recommendations were made at the last inspection of the service in December 2010.

1. It is a recommendation that the care plans are updated to make sure they have enough detailed information about each person’s care needs. This should include information about how staff are minimising any risks that have been identified in relation to all aspects of care including tissue viability, nutrition and continence care. The plans should record details of any equipment being used. This takes account of the National Care Standards - Care Homes for Older People, Standard 6.1.

We saw in the care plans examined that there were assessments to evaluate care needs which included tissue viability/pressure area care, nutrition and continence needs. We saw that these and other dependency or needs assessments included regular updates. Any specialist equipment needs were also recorded. The recommendation has been implemented.

2. It is a recommendation that the service provider reviews the procedures for serving meals to ensure that all food is kept hot and served at the correct temperature. This takes account of the National Care Standards - Care Homes for Older People, Standard 13.

We saw that cooked food at breakfast was prepared to order when residents went to the dining room or when requested if having breakfast in their room.

The use of the trolley to serve food in the first floor dining room has been discontinued as this did not have a facility to keep the food at the correct temperature. The Manager advised that there was a Bain-Marie in the kitchen which could keep the food at the correct temperature until residents were ready to have their meal. We saw that food was not served at lunchtime until residents were ready to eat. The recommendation has been implemented.

The annual return

Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic
Comments on Self Assessment

Every year all care services must complete a ‘self assessment’ form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a completed self assessment document from the service provider prior to the inspection of the home. This identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

We met most of the residents during the inspection and interviewed nine residents to ascertain their views on the service provided in the home. Some residents were unable to respond verbally but all looked comfortable, clean and dressed in well looked after clothing. All of the residents who were able said that they were well looked after, were comfortable and had no concerns or complaints about the quality of care they received.

The content of all of the pre inspection questionnaires completed by residents or on behalf of residents noted that overall they strongly agreed or agreed that they were happy with the quality of care received in the home.

Residents who were asked their views on the service they received spoke highly of the care provided. They spoke well of the work of the staff team the comfort of the home and the quality and variety of meals.

Residents said that staff treated them with respect and felt that staff were caring and considerate to their needs as individuals.

Some of the comments made by residents were as follows:

“I’m well looked after here, my family visit regularly and are always made welcome.”

“The staff are excellent here, first class. Its not my home but it is the best otherwise as I couldn’t stay on my own after being in hospital.”

“It’s a good place here”

“I enjoy when I can help with some of the chores. I like helping to tidy up, peel the potatoes and do some baking, I would like to be able to help more.”

“Its a lovely place, I’ve lived here for a while now. The meals are good and they know what I like so I always get something to suit me. I would like to get out a bit more but my mobility is a problem”
Taking carers' views into account

Three relatives/carers were met during the inspection. All commented on the quality and professionalism and caring approach by the Manager and staff team. For one relative this included the catering and domestic staff in the home.

Relatives/carers said that they were made welcome at whatever time they visited and felt that staff were genuinely fond of the residents.

Relatives/carers confirmed that they were involved or informed about the outcomes of reviews.

The content of all of the pre inspection questionnaires completed by relatives/carers noted that overall they strongly agreed or agreed that they were happy with the quality of care received in the home.

Some of the comments made by relatives/carers were as follows:

"I feel that the staff manage my relatives particular health care needs very well, they seem to know him well despite his communication problems."

"Its good that they try to involve my relative in social events and activities."

"I’ve been a regular visitor for several years and have found the care to be exceptional. Staff are always respectful. My relative needs staff to attend to all care needs and he is always kept clean and well dressed as he would have liked."
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

**Quality Theme 1: Quality of Care and Support**

Grade awarded for this theme: 5 - Very Good

**Statement 1**

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

**Service strengths**

There were very good systems in place to encourage residents and relatives/carers to participate in assessing and improving the overall quality of the service provided.

The service had a participation strategy which outlined ways in which residents and relative/carers would be encouraged to give their views on the quality of service provided. Although opportunities were provided for relatives/carers meetings we saw that relatives/carers preferred a more individual approach to consultation to gain their views. This was mainly through regular visits or phone contact, attendance at reviews and quality assurance questionnaires. We also saw that regular e mail and Skype was used to keep in touch with relatives/carers who lived some distance away and abroad.

We also saw that due to residents abilities and health care needs an individual approach was used to gain their views and preferences. This was generally through meeting needs as identified through assessments of needs and care planning and offering choices in their day to day life in the home.

Relatives/carers said that they were kept up to date with their relatives progress on an individual basis usually through visits and phone contact. Those met said this was in preference to attending meetings.

In the pre inspection questionnaires returned by residents and relatives/carers all agreed or strongly agreed that the service asked their opinions on how it can improve.

In the pre inspection questionnaires returned by relatives/carers all agreed or strongly agreed that the service involved them in developing the service, for example asking for ideas and feedback.
We saw that the home produced a newsletter for residents and relatives/carers where information about staffing, events and developments in the home were shared. In the newsletter we saw that items included residents views on outings and activities, general home news such as improvements to the environment and staffing news.

There was information in the home to evidence that residents had been involved in staff recruitment selection. We saw that some residents had taken part in discussing the attributes required of the prospective member of staff and had planned what questions to ask at interview. We also saw that some residents had participated in interviews for new staff.

We saw that Advocacy information was available should a residents wish to access this service.

The service also had a complaints procedure, the records in the home noted no complaints had been received in the service since the last inspection.

The National Care Standards - Care homes for older people, Standard 8 - Making choices and Standard 10 - Exercising your right were met at this inspection.

Areas for improvement
The Manager should continue to develop resident and relative/carer participation to encourage residents and relatives/careers to give their views on the quality of the service provided including the quality of care, the quality of the environment, the quality of staffing and the quality of management and leadership. The participation strategy should also include methods to give feedback on any outcomes from consultation. We will note progress at the next inspection.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 3
We ensure that service user’s health and wellbeing needs are met.

Service strengths
Residents and relatives/carers met told us that they felt the service provided an excellent standard of care. Relatives/carers said that staff were responsive to their relatives’ healthcare needs and promptly attended to any changes in assessed care.

In the pre-inspection questionnaires returned prior to the inspection residents agreed or strongly agreed that they were confident that the staff will meet their healthcare needs.

In the pre-inspection questionnaires returned by relatives/carers all agreed or strongly agreed that staff will meet their relatives health care needs including arranging to see health professionals.

Relatives/carers we met told us that they felt staff provided very good care and responded appropriately to residents changing care needs. Residents and relatives/carers also spoke of staff being caring, considerate, respectful and professional in their duties and work with the resident group. From observation and speaking with staff we saw this in practice during the inspection.

We saw that staff were deployed in a manner where all were aware of their duties and responsibilities for their time on duty.

Each resident had a care and support plan which had been developed taking into account assessments of needs in everyday living skills. We also saw that consideration had also been given to assessing any perceived risks including nutrition, pressure ulcer prevention/tissue viability, mobility/manual handling, continence and general risks.

We also saw that daily records were maintained to note any changes in areas of assessed needs, any changes to the care to be provided and any advice of health care professionals involved with the resident’s care including the GP.

A named nurse system was used in the home and responsibilities included taking the lead in care planning and reviews.

Residents, relatives/carers and staff who were asked felt there were enough staff in the home to meet the current needs of the resident group.
The GP met at the inspection advised that the Manager and staff team were responsive to any advice or medical instructions about residents’ care. The Manager was described as "running a tight ship" and he had no concerns about the standards of care and support provided.

**Areas for improvement**

We saw that residents were offered choices about the daily menus on a notice board outside the dining room. However, there were no menu cards on the table to prompt or remind residents. Consideration should be given to providing menu cards on the dining tables as these may be helpful to prompt and remind residents about the menu choices especially for those with memory problems.

We saw care plans and review information in the sample of care plans examined during the inspection. However, these could be further developed to ensure that care plan records including assessments, evaluations and review information evidence the good quality of care we saw during the inspection. We will note progress of this at the next inspection.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 2: Quality of Environment - NOT ASSESSED
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths
The comments made in Quality Theme 1 Statement 1 also apply to this statement.

There were very good methods in place to encourage residents and relatives/carers to assess and improve the quality of the staffing.

Areas for improvement
We have noted areas for improvement under Quality Theme 1 Statement 1.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

Very good systems were in place to ensure that staff were professional, trained and motivated and operating to National Care Standards, legislation and best practice guidance.

We saw that staff interacted with residents and each other in a professional and respectful manner. We saw that staff training was well established including induction, mandatory and any refresher training.

We saw that staff training records evidenced training provided including Adult Protection, fire safety, first aid and infection control. We also saw that training staff needed to undertake in order to meet the specific needs of the resident group was also provided, for example wound management, living and dying well/palliative care, sensory deprivation awareness, dementia care and the management of violence and aggression.

Staff said that there were regular and varied training events and felt that the Manager made every effort to source and provide relevant and good training opportunities. These were further supported by policies and procedures.

We saw that some members of staff had attained an SVQ qualification and a Registered Supervisors award. We saw that Registered Nurses were registered with the Nursing and Midwifery Council (NMC) and where indicated, carers were registered with the Scottish Social Services Council (SSSC).

In the pre inspection questionnaires returned by residents all agreed or strongly agreed that they were confident that staff have the knowledge and skills to care for them. Also, all agreed or strongly agreed that there were enough trained and skilled staff on duty at any point in time to care for them. These views were also reflected in the pre inspection questionnaires returned by relatives/carers.

Areas for improvement

The Manager should continue to provide training and support staff to ensure that they have the knowledge and skills to meet the needs of the resident group.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0
Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED
4 Other information

Complaints
One complaint was received and investigated by the Care Inspectorate since the last inspection. No elements of the complaint have been upheld, or partially upheld.

Enforcements
We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).
5 Summary of grades

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<thead>
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<th>Quality of Care and Support - 5 - Very Good</th>
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<tr>
<td>Statement 1</td>
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6 Inspection and grading history

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<tr>
<th>Date</th>
<th>Type</th>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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