

## Eastleigh Care Home Care Home Service

110 North Deeside Road  
Peterculter  
AB14 0QB

Telephone: 01224 734718

Type of inspection: Unannounced  
Inspection completed on: 26 January 2017

**Service provided by:**  
Pepperwood Care (Management)  
Limited

**Service provider number:**  
SP2013012037

**Care service number:**  
CS2013316167

## About the service

Eastleigh Care Home is provided by Pepperwood Care (Management) Limited. The care home provides residential accommodation, nursing care and support to a maximum of 35 older people.

The care home is a traditionally built home near the centre of Peterculter and is close to local amenities and transport links. There are 35 bedrooms, one of which can be used as a shared room. All of the bedrooms have en suite facilities. There are a variety of communal sitting and dining areas. Accommodation is provided on two levels.

The service's written statement of aims states that the care service aims for care to be delivered "in a non-discriminatory fashion, with respect for independence, privacy and the right to make informal choices and to take risks" and "ensuring choice and the rights of our residents are our focus at all times".

This service has been registered since 15 July 2013.

## What people told us

We spoke with and spent time with 10 residents during the inspection visits (others were spoken with in passing). We also spent a considerable time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication.

Feedback from the residents varied. Residents told us that they thought the staff were nice and that they were being looked after. Residents indicated they were generally happy living at Eastleigh. However, there were some areas that should be improved to make their everyday life better.

There were no relatives visiting during this unannounced inspection.

The views of the residents have greatly informed the findings of this inspection and are included throughout this report.

## Self assessment

A self assessment document was not requested prior to this inspection.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	3 - Adequate

## Quality of care and support

## Findings from the inspection

Although the service had made progress in addressing the requirements and recommendations made at the last inspection, there remained some significant areas for improvement. Residents continue to receive adequate care and support.

We found that the standard of documentation in relation to the residents' personal plans had deteriorated since the last inspection. There were a number of concerns that were leading to inconsistent care practices, specifically in relation to wound management, distress reactions and the care and support of residents on respite care **(see requirement 1)**.

Although staff have undertaken specific Promoting Excellence training, observation of practice showed that the staff team remained very task orientated. Little or no consideration was given to the residents' outcomes or their individual needs. We discussed our findings in detail with the manager.

The previous recommendation will be replaced with a requirement **(see requirement 2)**.

## Requirements

**Number of requirements: 2**

1. The provider must ensure that all service users' personal plans, including respite service users, are reviewed in order to ensure that they contain all of the required up to date information about each resident's care and support needs. Particular attention should be taken to ensure that all care plans are completed in a way which emphasize the individual needs and preferences of each resident.

**This is in order to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 210/2011) Regulation 4(1)(a): Welfare of Users; and Regulation 5: Personal Plans.**

**Timescale: by 1 May 2017.**

2. The provider must develop a culture within the home that focuses on the individual needs and outcomes for each resident.

**This is in order to comply with:**

**The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 3: Principles; and Regulation 4(1)(a) and (b): Welfare of Users.**

**Timescale: by 1 May 2017.**

## Recommendations

**Number of recommendations: 0**

**Grade: 3 - adequate**

## Quality of environment

This quality theme was not assessed.

## Quality of staffing

This quality theme was not assessed.

## Quality of management and leadership

### Findings from the inspection

Although the service had made progress in addressing the requirements and recommendations made at the last inspection, there remained some significant areas for improvement. See actions taken regarding outstanding requirements and recommendations.

The quality of management and leadership within the service remained adequate.

### Requirements

Number of requirements: 0

### 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 develop and implement a detailed induction program that supports new staff. To achieve this, the provider must:

- Develop a competency based induction program focused on the organisation's aims of "ensuring choice and the rights of our residents are our focus at all times" and positive outcomes for residents.

- Implement formal one-to-one meetings throughout the induction with new staff to assess progress.
- Undertake formal observation and monitoring of practice framework.
- Ensure all areas for development of new staff are clearly recorded, monitored and reassessed prior to completion of the induction program.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 9(1): Fitness of Employees; and Regulation 15(a) and (b): Staffing.

Timescale: by 1 October 2016.

**This requirement was made on 15 June 2015.**

## Action taken on previous requirement

The new competency based induction program had now been introduced for all new staff. The manager should meet formally with new staff throughout their induction to assess their progress and to ensure that they are achieving and displaying the desired behaviours. The manager planned to ensure all staff also complete the induction program.

Formal and regular one-to-one meetings, monitoring and the assessment of practice could be further developed to ensure that all staff are displaying the desired behaviours and focus on improving the quality of life of all the residents.

## Met - outwith timescales

### Requirement 2

The provider must ensure that each resident's care and support is formally reviewed at least every six months or as required.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1): Welfare of Users; and Regulation 5(2): Personal Plans.

Timescale: to be completed by 1 October 2016.

**This requirement was made on 9 August 2016.**

## Action taken on previous requirement

We found that residents' care and support was being regularly and formally reviewed. Actions relating to improving the outcomes of the residents were being identified.

The management team had introduced a care review planner and were informally monitoring this process.

## Met - within timescales

## Requirement 3

The provider must ensure that the whole home remains odour free.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a): Welfare of Users; and Regulation 10: Fitness of Premises.

Timescale: to be completed by 1 October 2016.

**This requirement was made on 6 July 2016.**

### Action taken on previous requirement

Observation of the environment showed that the home was clean, tidy and the smell of stale urine had been resolved. There was now appropriately skilled housekeeping staff to ensure the environment remained pleasant for the residents.

There were some areas of the building that remained "musty" and "stale". This was discussed with the management team during feedback. The management team need to continue to ensure that standards continue to improve.

**Met - within timescales**

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

## Previous recommendations

### Recommendation 1

The staff and management team should develop a culture within the home that focuses on the individual needs and outcomes for each resident.

National Care Standards, Care Homes for Older People - Standard 6: Support Arrangements; and Standard 11: Expressing Your Views.

**This recommendation was made on 9 August 2016.**

### Action taken on previous recommendation

Although staff have undertaken specific Promoting Excellence training, observation of practice showed that the staff team remained very task orientated. Little or no consideration was given to the residents' outcomes or their individual needs. We discussed our findings in detail with the manager.

This recommendation will be replaced with a requirement.

## Recommendation 2

The provider should ensure that residents can contribute to their six-monthly care review using methods that suit their communication needs and preferences.

National Care Standards, Care Homes for Older People – Standard 11: Expressing Your Views.

**This recommendation was made on 9 August 2016.**

### Action taken on previous recommendation

We found that, although residents were now routinely attending their six-monthly care reviews, there could be more done to ensure that these residents contribute to this process. We shared some good practice suggestions, on how this could be achieved, with the management team.

## Recommendation 3

The manager should work with staff to ensure that there is a culture of respect developed and demonstrated for the residents' home and residents' belongings.

National Care Standards, Care Homes for Older People – Standard 4: Your Environment.

**This recommendation was made on 9 August 2016.**

### Action taken on previous recommendation

We found that staff were starting to take pride in the home. The previous damage to bedroom walls had now been repaired and some bedrooms were in the process of being refurbished.

We saw notices displayed throughout the home reminding staff that Eastleigh was the residents' home and they were guests in their home. We saw that staff were displaying respect for the residents' home.

## Recommendation 4

Systems should be reviewed to ensure that all repairs and maintenance are undertaken promptly.

National Care Standards, Care Homes for Older People – Standard 4: Your Environment.

**This recommendation was made on 9 August 2016.**

### Action taken on previous recommendation

Clear processes were in place to record any repairs and maintenance. The manager was informally monitoring to ensure the repairs were undertaken promptly and effectively.

## Recommendation 5

The manager should ensure that all staff have an individual training plan appropriate to their developmental needs and their role.

National Care Standards, Care Homes for Older People – Standard 6: Management Arrangements.

**This recommendation was made on 9 August 2016.**

## Action taken on previous recommendation

All staff were in the process of developing individual training plans to ensure that their training and development needs are identified and addressed.

As previously stated, the learning outcomes from the training delivered to staff regarding Promoting Excellence in care have not lead to improved outcomes for the residents. We look forward to seeing how the training plans are used to improve culture and practice. We will continue to follow this up in future inspections.

## Recommendation 6

The staff rota should clearly and accurately reflect the staff on duty at any given time.

National Care Standards, Care Homes for Older People – Standard 6: Management Arrangements.

**This recommendation was made on 9 August 2016.**

## Action taken on previous recommendation

The staffing rota had been reviewed to ensure that it clearly showed all staff on duty. This included agency and bank staff, as well as regular staff.

## Recommendation 7

The provider must continue to ensure that residents' bedrooms promote a sense of wellbeing, belonging and identity.

National Care Standards, Care Homes for Older People – Standard 4: Your Environment.

**This recommendation was made on 9 August 2016.**

## Action taken on previous recommendation

We found that staff had been working with families and residents to ensure that bedrooms were beginning to be more personalised. We observed some bedrooms to be very homely and individualised.

## 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).

## Enforcement

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



## Inspection and grading history

Date	Type	Gradings	
6 Jul 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
27 Oct 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
22 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
19 Sep 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
16 Dec 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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