

Eagle Lodge Care Home Service

488/1 Ferry Road
Edinburgh
EH5 2DL

Telephone: 0131 551 1611

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Salvation Army

Service provider number:

SP2004005634

Service no:

CS2003010900

About the service

We used the quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Eagle Lodge experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

Eagle Lodge is a care home for 35 older people and has been registered since 2002. The service is provided by the Salvation Army who also have other care homes throughout the United Kingdom.

Social care staff care for people living in Eagle Lodge. Community nurses support the staff for any nursing care people may need.

The home is situated on Ferry Road in Edinburgh. There are gardens and car parking is available at the front of the home. The home has three floors and a lift. The main lounge and the dining room are on the ground floor, the kitchen is off the dining room. There is also a seating area in the dining room overlooking the front of the home. There is a smaller dining room on the ground floor and lounges/dining areas on the first and second floor. There is an activities room and a hairdressing room for people to use.

The service aims and objectives include:

".... to make later-life a time of fulfilment and enrichment for our nation's older generation..... Our older generation deserves to be treated with dignity; to receive care when they require it and to have the opportunity to retain as much independence as possible."

For more information about the service visit the Care Inspectorate website at <http://www.careinspectorate.com/index.php/care-services>

And the provider's website at <https://www.salvationarmy.org.uk/eagle-lodge>

What people told us

We took account of what people told us, seeking views from 31 of the 34 people living in the home, 13 relatives/friends and 20 staff working in the home. This included views expressed in returned questionnaires to us.

To make sure we involved as many people as possible we also used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. During morning SOFI observations we saw 20 people singing hymns together. People were supported to contribute and staff facilitated their involvement, enabling them to join in.

Overall people spoke positively about living at Eagle Lodge. They felt staff were kind and courteous and the facilities in the home were very good.

Comments included:

"They do look after you well"

"We've no complaints, the rooms are clean, it feels like I'm on holiday"

"If I felt the need to complain I would go to a member of staff, whom I know would deal with it"

"The staff always strive to please"

"Very happy with the care and support I get"

"Everything is kept clean and tidy, no matter what room I am in"

"I have a lovely clean, comfortable room. I have some of my own furniture and it does make a difference"

"The only thing that I don't really like is the food."

Relatives/friends commented;

".....the home is now modern and spotlessly clean"

"....the care shown by staff towards (relative) has been as good and compassionate as always. I have every confidence in how the staff treat her"

"The friendly, warm, caring atmosphere in the home is outstanding and my family and I have total confidence in the management and staff"

"Eagle Lodge is a wonderful care home, my (relative) is cared for with compassion and first rate professional care"

Other comments are highlighted in the report along with comments from staff where relevant.

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 staffing?	5 - Very Good
How good is our setting?	4 - Good
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?

4 - Good

We evaluated how well people's wellbeing was supported and concluded that there were a number of important strengths with some areas for development.

People experienced very good care from staff who were respectful and had clear purpose and values that aligned with the principles of the Health and Social Care Standards. People commented on their experiences;

"I have a place that I can call home where everyone treats me with respect."

"I have often witnessed staff interact (with my relative) when they have been unaware of my presence. Their attitude is excellent at all times."

There were many examples of staff supporting people well. People felt able to confide in staff, ask their advice and one person put their very advanced years down to the kind, caring and compassionate care they received in Eagle Lodge.

There was good support for people, helping them to get the most out of life. Staff had additional protected time to support people to do things like go out for coffee. There were links with the local nursery and people spoke positively about this. Many people said they were kept busy;

".....the activities are undertaken in a fun and inclusive manner."

"There are many things (activities and days out) going on every day and week. We are very pleased with the service they provide."

One person speaking positively about the home said;
"Being here has made a big difference to my life."

Access to the gardens was freely available to some, while others needed support to get outside.

The majority of people felt safe and family felt reassured by the good care and support that helped to promote people's health. There was a range of well maintained specialist equipment which supported people to stay healthy such as bed mattresses and chairs.

Comprehensive health assessments were undertaken and staff sought help from other professionals to promote people's wellbeing. Risk assessments informed planned care.

There had been improvements in medication management and administration since the last inspection and our suggested improvement had been met.

The kitchen staff had worked hard to improve the menu within the limits of the frozen meal system used. Root vegetables were now fresh and cooked on the premise. Snacks and drinks were available to people from a well stocked pantry open for all to access. The addition of smoothies complimented biscuit choices. People were looking forward to the new coffee machine being plumbed in.

Areas to improve would include making sure some communal activities are still something that those less able to choose for themselves would want to attend. During one group activity there was a small number of people who did not engage with anyone.

Making the garden and outdoor areas safe and freely accessible to all with better signage would be an important improvement that some people identified, for example;

"You have to do all sorts to get out. I know they are worried about us escaping; I would come back. I just wish it was easier to go out"

"I would like to be given the freedom to come and go as I please. But I do realise..... I am here for my own safety"

The manager acknowledged this and some of the structural changes needed to make freer access to the gardens were already included in the service improvement plan.

We asked the staff to consider assessing people's ability to take their own medicines. Some people we spoke with felt very able to do this, especially with medicine that you might take ad hoc for an ache or indigestion.

Many people commented on the food;

"The only thing that I don't really like is the food.....the food is the same stuff"

"*Name of brand* food is not fresh, it's frozen" (screwing up face when saying this)

"Some I like, some I don't like, really not keen on the milk puddings and sponges"

The amount of improvement staff were able to make to meals was significantly restricted by the system used by Eagle Lodge. While they were now cooking fresh vegetables, we asked if they might consider making homemade soups. Eagle Lodge's sister home in Edinburgh was considering moving to this catering system and we asked the manager to share feedback from people living in Eagle Lodge about the meals to help inform decisions. There is an outstanding area for improvement from the previous inspection relating to this and this is carried forward to the next inspection (see section on outstanding areas for improvement 2).

How good is our leadership?

4 - Good

We concluded that the quality of leadership had a number of important strengths with some areas for development.

Some people experiencing care felt they could influence changes in the home and one relative spoke about scrutinising the managers improvement plan. This helped to make sure improvement was about what mattered to people.

"There is no cover ups here, there's strong leadership and staff are well supported" (relative)

Staff felt well supported by the manager who empowered them to influence improvements. Staff were clear about the aims and objectives of the service and aligned improvements to them and what people wanted.

There were organised systems that supported some quality assurance and improvement processes. For example medicine audits had reduced the errors previously made.

There was a complaints procedure and people felt able to raise worries and concerns as well as suggestions.

"If I had to complain about anyone I know I would go to the person above the person"

Maintenance records were up to date and people spoke highly of the maintenance person;

"I speak to (maintenance person's name) if I've anything needing fixed. The other day they repaired an old light I bought in from home, reluctantly I decided it needed thrown out, but they fixed it for me!"

There were "Residents Meetings" where people felt able to raise ideas and in response to this staff produced a "you said we did" update.

Most of the improvements outlined in this report were areas the manager already knew needed attention. Two of the five areas for improvement identified in the last report still needed some work, which we have highlighted in this report.

Auditing of new staff induction would help ensure that any practice/knowledge training needs were picked up quickly so that a mentor can support new staff members. Staff should complete SSSC registration at the induction period. These improvements will reassure people that new staff are recruited and appropriately trained to care for them. **(See area for improvement 1)**

Tailoring care and support audits to reflect person centred approaches, rather than system led audits would make sure quality assurance was about what matters to people. We suggested using the Quality framework for care homes for older people to help evaluate the service and focus improvements. This is available at http://www.careinspectorate.com/images/Professionals/Quality_framework_for_care_homes_for_older_people_2018.pdf

Areas for improvement

1. To reassure people that staff caring for them are recruited appropriately, skilled and knowledgeable; training and staff supervision should be regularly reviewed. This could include, but not be limited to:

- a) Recording all the processes of recruitment and induction;
- b) Auditing the induction process to make sure training and development needs of staff are identified early;
- c) Supporting new staff to undertake any training needs, identifying them in a plan;
- d) Involving people in the recruitment, induction and training process, for example by directly being involved, developing questions for interview and sharing their experiences with new staff during induction; and
- e) Evaluating recruitment and induction which should include seeking feedback from people experiencing care about how well staff are caring and supporting them.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states:

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

3.17 I am confident that people respond promptly, including when I ask for help.

3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

4.9 I can take part in recruiting and training people if possible.

4.24 I am confident that people who support and care for me have been appropriately and safely recruited.

How good is our staff team?

5 - Very Good

We concluded that the quality of the staff team had important strengths with just a few areas for development.

Staffing levels were very good, staff worked well together and there was a real sense of teamworking.

"The staff are absolutely marvellous"

One relative described a "wee incident" relating to a carer and was reassured when this was sorted and that the carer had reported it to the manager,

"Nothing gets swept under the carpet"

The care staff were supported by a wider team of people including domestics, activity, laundry, kitchen and maintenance people. Everyone felt well supported and told us they enjoyed their work. People experiencing care benefited from a happy, content team of staff;

"Nothings a bother.....you get to know staff, they are all nice"

"I am happy here, the staff are very good, you can ask their advice"

The management team reviewed the needs of people regularly to help determine staffing levels and skill mix. There was a mid-shift offering additional time to support people with social activities. During the day people enjoyed a choice of things to do and some were supported to be involved in small group quizzes or one to one activity.

Some areas to consider developing relate to staff training. While induction and registration has been covered in key question 2; ongoing training in dementia to enhanced and expert levels on the Dementia Framework would help staff support people whose dementia progresses to stay well for longer.

There were senior carers who were involved in helping people take their medicine. We suggested reviewing the role of all carers to involve them more in for example care planning and daily evaluations of care, rather than tick lists and similar paperwork.

How good is our setting?

4 - Good

We evaluated how the setting promoted people's independence and concluded that there were strengths with some areas for improvement.

People had been supported to personalise and re-arrange their bedrooms, allowing them to move about more freely.

Outdoor spaces were available and there was a seating area outside the main sitting room. During the afternoon people sat out and enjoyed the sun while watching the comings and goings of life outside the home.

There were good connections with the local nursery, children visited the home regularly.

There were some improvements that would help promote independence. Some people felt they would like to be supported to be more independent. For example, "I have to go to bed at 20:00. I used to be up till midnight doing things, a real night owl, I was a keen gardener, but I hardly get out here"

As mentioned, people needed to have freer access to the garden (see key question 1).

The home had a call system that was switched to pagers at night, but there were times when we felt the noise was intrusive. One person commented on this, "At night sometimes the buzzer keeps going in the hall and that disturbs me"

The manager told us they were looking into a quieter, less intrusive system. Plans to develop a quiet seating area in the dining room were being taken forward, while seating was in place, the manager was organising ways to make the area a little more separate/private. The new coffee machine needed to be plumbed in and this would compliment the pantry area already available to people.

People did want freer access to the outside and their community and this is covered in key question five, promoting risk enablement.

How well is our care and support planned?

3 - Adequate

We evaluated that there were some strengths with important areas for development related to assessment and care planning.

Comprehensive assessments of people's health needs were undertaken by staff. These included nutrition, mobility and falls risk assessments. Assessments to some extent informed the development of the care plan for people. The care plan was reviewed regularly and some people recalled discussing their care, but not necessarily being involved in their care plan.

"I think I remember doing something about my care, but don't know about my care plan"

Several people were not sure about their care plan or what staff wrote in them. Anticipatory care plans informed staff about people's wishes, but we didn't always see plans for everyone. We discussed everyone being supported to consider their future wishes within anticipatory plans.

The plans were kept locked away from the people they were all about. They were not easily accessible to staff and not used on a daily basis to inform care and support. Although staff felt the plans did help inform them about people, they took a long time to read and tended to focus on needs and risks. Including strengths, wishes and risk enablement would help make the plans more dynamic, but key to this is allowing people to influence planned care whenever they want to so that it is about what is important to them.

At the previous inspection we outlined an area for improvement related to care planning which we have updated and repeated. **(See area for improvement 1)** The meaningful and measurable work available at the personal outcomes collaboration could help with the development of a more person focused approach, see <https://personaloutcomescollaboration.org/>

Areas for improvement

1. To make sure people's assessments and planned care reflects their strengths and things that are important to them they should be involved and central to planning care and support. People should feel like the plan belongs to them, have easy access to the plan and determine who else can access it. They should influence when and how often assessments and plans are reviewed and changed. The plans should focus on needs and wishes and be, concise and easy to read. The plans should include, but not be limited to supporting people to:

- a) maintain hobbies or develop new ones which may involve positive risk taking;
- b) be as independent as possible which will involve risk enablement; and
- c) highlight what is important to them and understand care processes that staff feel must be included in their plan, like a need to monitor weight or skin integrity.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states:

1.10 I am supported to participate fully as a citizen in my local community in the way that I want.

1.12 I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.

1.14 My future care and support needs are anticipated as part of my assessment.

- 1.15 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.
- 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.
- 3.22 I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.

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

To make sure that people feel safe and secure and are supported if they become distressed, the planned dementia care training should be prioritised to help staff to respond to, care and support people. This should include recognising the support other people need who may witness or become involved in situations that cause them to be fearful. (See also improvement area one under assessment and care planning)

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states; 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21)

This area for improvement was made on 1 August 2018.

Action taken since then

While there was one person whose care and support did need to include more about supporting them to feel safe, we felt this area for improvement had been met. Many people described feeling safe and secure in the home, comments included;

"My wellbeing and safety are paramount to all the staff"

Previous area for improvement 2

To make sure people can influence and get involved in menu planning for the main meals, being able to influence, inform and even cook some courses with appropriate support would be beneficial. Fruit and drinks could also be made more accessible to people.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states;

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37)

'If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible.' (HSCS 1.38)

'I can drink fresh water at all times.' (HSCS 2.39)

This area for improvement was made on 1 August 2018.

Action taken since then

Not fully met - As mentioned in key question one, the staff had worked hard within the limitations of the menu system to improve things for people. Smoothie drinks were available and fresh vegetables replaced the frozen ones. We have asked the service to consider home made soups instead of canned soup and to involve people more in the planning/choice of the menu.

Previous area for improvement 3

To help people to get the most out of life and promote health the information gathered about people's likes, interests, hobbies and activities should be used to carefully tailor activities for people. Supporting people to do activities they previously enjoyed can help reduce distress and promote wellbeing. Build on the good support available by planning activities with people and/or their families.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states;

I am confident that people are encouraged to be innovative in the way they support and care for me. (HSCS 4.25)
I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. (HSCS 5.1)

This area for improvement was made on 1 August 2018.

Action taken since then

Met, however we have included an area for improvement under key question 5 that promotes further improvements related to this area.

Previous area for improvement 4

To make sure people are confident that the right agencies are told about incidents and accidents the manager must ensure the Care Inspectorate is notified of all incidents of actual or potential harm to people.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states;

'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.' (HSCS 3.22)

This area for improvement was made on 1 August 2018.

Action taken since then

Met - We reviewed and tracked accidents and incidents and all relevant notifications had been made.

Previous area for improvement 5

To make sure people's assessment and planned care reflects things that are important to them they should be involved and central to planning care and support. This should include, but not be limited to:

- a) maintaining hobbies;
- b) promoting independence;
- c) addressing what is important to the person;
- d) ways to support people to feel safe; and
- e) suggested planned care for people from external agencies, including why, how and when to use medication to promote wellbeing.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states;

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. (HSCS 1.12)

I am assessed by a qualified person, who involves other people and professionals as required. (HSCS1.13)

My future care and support needs are anticipated as part of my assessment. (HSCS 1.14)

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)

I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. (HSCS 3.22)

This area for improvement was made on 1 August 2018.

Action taken since then

Not met - we felt there had been little change and improvements had not been progressed. However, we felt it important to help the staff understand how to improve and have reworded this improvement under key question 5 of this report.

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	4 - Good
1.3 People's health 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?	5 - Very Good

3.3 Staffing levels and mix meet people's needs, with staff working well together	5 - Very Good
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How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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