

Clovenstone House Care Home Service

27 Clovenstone Gardens
Edinburgh
EH14 3EX

Telephone: 0131 442 2312

Type of inspection:

Unannounced

Completed on:

25 February 2020

Service provided by:

City of Edinburgh Council

Service provider number:

SP2003002576

Service no:

CS2003010934

About the service

Clovenstone House is owned and managed by the City of Edinburgh Council . It is registered to provide residential accommodation and support for 35 older people. There were 35 people living in the home during the inspection.

Accommodation for residents' use is on the ground level. This is divided into five units, each of which accommodates up to seven people. Each unit has a lounge/dining area. There are coffee and tea making facilities in each kitchen area for resident and visitor use. Each unit has assisted bathrooms and toilets available. All bedrooms have a wash hand basin.

A large open plan forum area, catering, laundry and designated smoking area are also on this floor. The manager's office and staff facilities are on the upper level where there is also a room which can be used by relatives/carers. Gardens surround the perimeter of the building.

The home is situated in the South West area of Edinburgh close to local shops and near a bus route.

The home aims to provide, in a residential setting, individual care to all residents: this is done through an individual care plan developed by individual service users and their key worker. This is to ensure that service users' rights are met in choice, privacy, respect, independence, fulfilment and that individuals are allowed to take risks in their daily life.

What people told us

We asked people using the service and their relatives to share their experience of Clovenstone House. We spoke with a range of people face to face during the inspection visit.

Before the inspection, we asked the provider to distribute questionnaires to people using the service, their relatives and staff. There were no completed questionnaires returned to the Care Inspectorate.

People we talked with during the inspection spoke highly of the staff and the care they gave. They described staff as "lovely, kind and patient". One person told us "the staff are great, their care is second to none".

People said they were comfortable living in the home . They told us that they were happy and said that Clovenstone was "a good place to live".

We were told that the food served was good. People said that there were plenty of choices at mealtimes. They were complimentary about the snacks and drinks available between meals . One person told us "I can have a cup of tea whenever I ask and there's always plenty biscuits and snacks".

We received mixed views about the availability of meaningful activity available for people to take part in. People told us -

"There's not enough to do"

"I try to keep myself busy, but I would like to have more to do, it can be a long day."

Visiting family members spoke highly of the staff. They told us that staff were good at keeping them up to date with any changes in their relative's health.

Families said that they were happy with the care their relative received; however, they commented that there was not enough for people to do. One person said "My relative gets bored, there's not enough for her to do. When I visit there are lots of people sleeping, probably because there is not enough to keep them interested".

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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 saw that people living in Clovenstone House were treated with kindness, patience and respect by staff. This was particularly evident when people became upset or distressed. We observed warm relationships between people living in the home and the staff who supported them.

Staff were knowledgeable about the preferences of people living in the home and supported people's choices regarding their care and support. Staff understood the importance of maintaining people's privacy. We saw that staff supported people with respect and discretion. This helped to promote a person-centred approach to care in the home.

People were meaningfully involved with the improvement and development of the service. The views and comments from people living in the home were used to inform improvements and resulted in better outcomes for individuals.

It is important that people have opportunities to take part in activity that is meaningful to them. This helps to give people purpose and supports their well-being. We saw that there were group activities for people to take part in. People told us they enjoyed taking part in activity groups when they took place. However, we saw that some staff were focused on tasks and not engaging with people. There were significant periods of time when some people had little or no engagement with staff. This could result in people feeling ignored or becoming isolated, particularly people who have limited communication or spend their day in their bedroom.

People who live in the home and their families commented that there needed to be more meaningful activities available in the home.

See area for improvement 1

People were complimentary about the food and snacks available in the home. People's preferences and choices were catered for and individuals received the diet that was correct for them. The provider needed to develop the mealtime experience for people living in the home. Staff should be more attentive when prompting or assisting people to eat and drink. Consideration should be given about how best to support people to be able to enjoy meals at their own pace. Mealtimes with a more sociable element helps to encourage people to eat well, enhances their well-being and supports their health needs.

See area for improvement 2

The healthcare needs of residents were well managed by a knowledgeable senior care team. There was good evidence that staff called on local NHS healthcare professionals for advice and support promptly. Visiting healthcare professionals commented positively about the knowledge of staff and how well they communicated about healthcare issues.

Medication records were generally completed in line with good practice guidance. We saw that medication was being stored and managed safely. There was a need to ensure that staff recorded the effectiveness of medicine prescribed 'as needed'. This would ensure consistent management of this medication and help to inform reviews of medication. The records of the application of topical medication needed to be improved. It is important that staff follow doctors' instructions to ensure that people benefit from having their topical medication applied as prescribed.

See area for improvement 3

There was a need to ensure that care charts were completed accurately and in a timely manner. This would help staff to monitor people's health conditions and ensure that the care delivered was fully meeting individuals' assessed healthcare needs.

See area for improvement 4.

Areas for improvement

1. The provider should improve the range and availability of meaningful activities offered in the home considering the abilities, preferences and choices for everyone living in the home.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state - 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day.' (HSCS 1.25)

2. The provider should review and develop the management of mealtimes to ensure that people are supported to enjoy their meals in a relaxed atmosphere with suitable assistance when needed.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state - 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35)

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34)

3. The provider should ensure that medication records are completed accurately. This includes recording the application of topical medication and the effectiveness of medication prescribed 'as needed'.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state- 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

4. Care charts should be completed accurately and in a timely manner. This will ensure the effective monitoring of people's health conditions and ensure that the care delivered fully meets individuals' assessed healthcare needs.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state - 'My care and support meets my needs and is right for me.' (HSCS 1.19).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

The personal plans we viewed had been developed in partnership with individuals and their representatives. They contained information detailing what was important to the person. People's wishes and choices were being taken account of and used to inform care planning.

We saw that personal plans were up to date and provided staff with guidance about how best to support an individual's assessed needs. Assessments of risk were up to date and informed the planning of care and management of risks. The effectiveness of care plans was being evaluated regularly.

There were detailed care plans in place to direct staff regarding the support for individuals' end of life care. These took account of the specific choices and wishes expressed by the person and their family .

There were good systems in place to ensure that people using the service were able to be meaningfully involved in the planning of their care. People living in the home and their representative had opportunities to discuss current care and support at a minimum every six months. This supports meaningful participation for people to be involved in the planning of their care.

Supporting documentation should be in place to protect and uphold people's legal rights. We noted that some individual's legal rights were not protected as their supporting documentation was out of date.
See area for improvement 1

Areas for improvement

1. To protect people living in the home, the provider should ensure that documents supporting and upholding people's legal rights are valid, up to date and regularly reviewed.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state -
'My human rights are central to the organisations that support and care for me.' (HSCS 4.1)

'My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11)

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.2)

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 well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.