Erskine Home
Care Home Service

Erskine Ferry Road
Bishopton
PA7 5PU

Telephone: 0141 812 1100

Type of inspection:
Unannounced

Completed on:
4 February 2020

Service provided by:
Erskine Hospital

Service provider number:
SP2003000260

Service no:
CS2003010196
About the service

Erskine Home has been registered with the Care Inspectorate since April 2011 to provide care for up to 180 older people some of whom will be living with dementia. At the time of this inspection Erskine Home had 178 residents.

The home comprises six individual houses, each with 30 single en-suite bedrooms. Each house has sitting and dining areas, kitchen facilities and a selection of bathrooms. Three of the houses are specifically for residents with a diagnosis of dementia. The home is situated on a large campus just outside the town of Erskine.

A central reception area provides access to the houses, a café area, a fully staffed recreation and activity department, gym and therapy areas, shop, bank and hairdresser.

The home employs specialist healthcare professionals including advanced nurse practitioners, dementia nurse consultants, a speech and language therapy team, podiatrist and physiotherapists. This enhances the care and treatment available for residents.

Enclosed, well equipped and dementia friendly gardens are accessible throughout the year. Residents also have access to a range of transportation.

Erskine Home states that it aims to be ‘committed to providing the very highest standard of care and a true sense of belonging for each and every resident within a friendly, homely environment.’

What people told us

Before and during our visit, we received 15 completed care standards questionnaires from residents and relatives and 17 from staff members.

There were 178 residents living in the home at the time of our inspection. During our visit, we spoke with 23 residents, 12 visiting relatives and members from the various professional groups working in the service. We also observed mealtimes and carried out SOFI 2* observation involving residents with limited communication abilities.

Overall residents, relatives and staff gave very positive feedback about the standard of care at Erskine Home. When areas for improvement were identified we explored these further and communicated them to the managers with a view to supporting improvement. Comments included:

- ‘I’m very happy here. staff are kind and helpful and we get on very well’.
- ‘Staff are very considerate. They offer me things to do all the time and I often go and take part’.
- ‘My mum feels that she is very well supported by her team’.
- ‘We would like to see less staff changes as they can be upsetting and disruptive.’
- ‘The staff are open to my needs and encourage me to be my best. They listen and act quickly if I am unwell. I have three named staff and am told about any change of staff. There are not many agency staff, which is good’.
- ‘I am confident that if my carers change, the same level of care will continue.’
- ‘Staff are patient and understanding of mum’s conditions and provide her with good social contact’.
- ‘If mum is unhappy with something, staff will strive to resolve this by discussing the matter with mum and myself’.
- ‘Staff have time to care for me without rushing me, and make me feel safe’.
- ‘Staff constantly refer to my opinion on my likes and dislikes and make me feel my opinion is important. I feel comfortable and at home’.
- ‘My care needs are always carried out in a sensitive and professional manner’.
- ‘Erskine provide a first class service for my mum. There are plenty of activities, she eats well and is well looked after by staff who are superb in their care for her’.
- ‘My support plan is completed by staff in discussion with my family and it meets my every need. All staff show a caring attitude and respond well to everybody. They are well-trained to cope with any need or problem that arises during their work’.
- ‘The constant presence of pleasant, caring and knowledgeable staff is very reassuring. Each and every member of staff that I have encountered have shown nothing but kindness and respect to my husband’.
- ‘Being ex-military, for me there is a comfortable feeling of deja-vu. I consider Erskine Home as the gold standard for all care homes to achieve’.
- ‘Very happy with Erskine. The staff are lovely and very helpful. The place itself is very clean and well looked after’.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views.

**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

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<thead>
<tr>
<th>How well do we support people’s wellbeing?</th>
<th>6 - Excellent</th>
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<tr>
<td>How good is our leadership?</td>
<td>not assessed</td>
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<td>How good is our staffing?</td>
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How well is our care and support planned?  
6 - Excellent

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people’s wellbeing?  
6 - Excellent

People living at Erskine Home experienced excellent outcomes for their health and wellbeing. This was achieved by a highly motivated, well-trained multi-professional team and expert leadership.

We saw that staff acted with compassion, kindness and respect for the residents. Training and leadership focussed on achieving good outcomes for people and promoted person-centred care. People told us that they had positive relationships with the staff who supported them. This meant that people felt safe and comfortable and were treated as individuals. A resident told us: ‘I’m very happy. Staff are kind, helpful and we get on very well’.

The service had a very pro-active activity team that provided a wide range of activities for the residents. Strong and varied community links meant that residents could form and maintain connections outside the service. We saw an excellent example of this during our visit, when residents engaged with local school children in a meaningful, inter-generational project, led by the national ballet. Smaller group and individual activities were also provided in the various houses. These included specialist activities led by the speech and language therapy and physiotherapy teams. The service’s support of innovative practice also provided residents with access to two artists in residence who worked with residents individually or in small groups. Overall, we saw numerous evidences of activities that successfully promoted people’s physical and mental well-being.

A very skilled and experienced, multi-professional team of healthcare professionals supported people’s healthcare needs. Residents benefitted from easy and quick access to advanced nurse practitioners, speech and language therapists, physiotherapists and dementia nurse consultants working in the service. These readily available resources of healthcare expertise contributed to very good outcomes for people. They also ensured that the quality of the service was driven by current best practice and innovation. This sector leading set-up also contributed to research and innovation projects beyond the service with the potential to benefit the wider care sector.

Medication management and administration was supported by an electronic system and highly effective quality assurance systems. The service had a highly committed, knowledgeable and well-equipped quality assurance team. This supported a rigorous approach to monitoring practice and driving innovation, particularly in the areas of medication management and care planning. We encouraged managers to expand the use of this excellent resource to drive innovation and evidence-based practice in areas of care that are more difficult to measure, like the quality of interactions or activities.

People’s rights, wishes and choices were respected. Residents and relatives told us that they felt informed and that the service provided opportunities for getting involved making decisions. We heard some mixed views regarding regular moves of staff around the various houses. Some family members were concerned about the impact this could have on the quality of care and relationships between residents and their key staff. However, most people expressed understanding and felt that any impact would be temporary. A relative said: ‘There have been staff changes which can be unsettling for a time. this however only lasts for a short time’. Managers were aware of people’s concerns and worked towards minimising any potential impact.
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?  
6 - Excellent
Every resident benefitted from electronic care plans and personal risk assessments that were complete, up to date and informed every aspect of their care. The documentation showed that staff worked with the resident or their representative to inform and review the care plans. The language used in the plans and daily notes reflected the service’s relationship focussed and respectful approach to care.

The care plans captured people’s choices and wishes very well. This included people’s preferences for what is important to them should they become unwell. Residents or their representatives were given regular opportunities to review and evaluate the care plans. This meant that residents and families could collaborate with staff to develop effective care plans that supported residents to live well right to the end of life. Advanced care plans were completed in good detail and ensured that people’s wishes were respected.

The quality of the documentation was driven by strong leadership and supported by rigorous and effective quality assurance. Managers were aware of current best practice and worked with staff to continuously improve the system. At the time of our inspection the service was working on making further improvements to the monthly evaluations of care plans and to the formulation of personal outcomes.

A particular strength of the documentation system was that it was very dynamic. This meant that any change of a resident’s circumstances, needs, abilities or treatments was very quickly incorporated into their care plans and personal risk assessments. This ensured that care plans and risk assessments were relevant and effective in directing people’s care. The multi-professional set-up of the staff team meant that care plans and risk assessments were well-informed and grounded in good and current practice.

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

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<tr>
<td>1.1 People experience compassion, dignity and respect</td>
<td>6 - Excellent</td>
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<td>1.2 People get the most out of life</td>
<td>6 - Excellent</td>
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<td>1.3 People’s health benefits from their care and support</td>
<td>6 - Excellent</td>
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<th>How well is our care and support planned?</th>
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<td>5.1 Assessment and care planning reflects people’s planning needs and wishes</td>
<td>6 - Excellent</td>
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