

## Eastleigh Care Home Care Home Service

110 North Deeside Road  
Peterculter  
AB14 0QB

Telephone: 01224 734718

**Type of inspection:**  
Unannounced

**Completed on:**  
2 September 2020

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

**Service provider number:**  
SP2013012037

**Service no:**  
CS2013316167

## About the service

The service is provided by Pepperwood Care (Management) Limited. The care home provides residential accommodation, nursing care and support to a maximum of 34 older people and to one named adult under the age of 65.

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 is 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 registered with the Care Inspectorate on 15 July 2013.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisors from the Care Inspectorate and the NHS.

## What people told us

We spoke to some residents during our inspection and people told us they were happy, the food was good and they liked being with the carers.

## 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 good is our care and support during the COVID-19 pandemic?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

### 2 - Weak

#### 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We found that respectful relationships had been formed between staff and those using the service. People spoke fondly about the staff and looked happy to be with them. Because staff knew residents well, we were satisfied that this would enable them to notice and respond quickly when people's health had changed.

Staff had time to support and care for people and they completed set tasks like breakfast, shower and lunch for everyone. Throughout our inspection, we saw that some people looked unkempt and we noticed others looked bored and staff need to notice this and offer support and stimulation. Their efforts need to be more focused on individual's changing requirements throughout the day. (See area for improvement 1.)

Social distancing was being observed and this was helping to keep people safe. This was achieved by using several communal rooms during the day. We felt that consideration should be given to how the service could encourage more social engagement when in communal areas. For example, people sat alone at tables but were positioned looking away from each other. Enabling social engagement among peers would help enhance people's day. People should still be able to have an active life and participate in a range of activities and this was not happening. We found that people sat in the same place for prolonged periods of time, not being encouraged to move regularly. This decreases people's mobility and independence. Staff should enable people to get the most out of life through individual as well as group activities and social interaction.

We found that care records did not always reflect people's current needs, for example there was no monitoring system for someone who was at risk of dehydration. This meant that the service could not be sure that they had enough to drink. Important care needs could be missed and staff weren't encouraged to be innovative in the way they supported someone. People's care plans and records must be accurate and encourage staff to spend time caring for the whole person rather than completing tasks. Information recorded about people needs to be accurate and up to date to inform assessments and how people are supported. (See requirement 1.)

#### 7.2 Infection control practices support a safe environment for both people experiencing care and staff.

People should know that their support is safe for them. Some areas were noted to be effective, for example the supervised garden visiting and the system for recording visitor's details and offering them personal protective equipment. The bedroom doors had a colour coded system to remind staff of the person's COVID-19 status and to remind them that extra precautions in infection control were needed to help keep people safe.

People should expect to live in an environment that is well looked after, clean and tidy. Communal areas had been decluttered with the removal of non-essential items. This helped reduce the risk of the spread of infection.

Staff had received training in infection control, and posters, schedules and spot checks were in place to support good infection control practice. We found staff were not applying what they had learned and, as a result, there was an increased risk of infection spreading.

Cleaning schedules had been increased but we found some areas of the home dirty with poor recording of the cleaning. This did not give us confidence that the cleaning regime was effective, and we asked the management team to address this immediately. (See requirement 2).

Clinical waste was not consistently disposed of safely. We saw personal protective equipment such as gloves and masks in a number of general waste bins, which increased risks associated with the spread of infection. There should be clinical waste bins throughout the home to enable disposal at the point of use. This would prevent staff from carrying potentially infected material to other areas of the home.

Staff did not have easy access to the correct personal protective equipment because central store cupboards and stations, where it should have been available, were not fully stocked. This contributed to them not working safely towards reducing the spread of infection. (See requirement 2).

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

We saw warmth and kindness in how people were supported, and people told us they liked spending time with the staff. We felt staff's caring nature contributed to a relaxed atmosphere in the home.

The service had taken positive action to ensure there was sufficient staff available to meet people's needs. This included a bank of staff who were familiar to people living in the home. This minimised the number of workers going in and out of the home, reducing the risk of cross infection. We found that one person was working in the home as well as another care setting, which contradicted government guidelines. We were satisfied that immediate action would be taken to stop this practice.

Staff had all been recently trained in infection control including the use of personal protective equipment to keep themselves and others safe. We saw that gloves, masks and hand gel were not always used correctly. This meant that people were not adequately protected from infection. (See requirement 3.)

The service had not yet established an effective plan for improvement. Although systems were in place to monitor the quality of care within the service, we found that improvements had not been sustained. For example, unclean floors and incorrect use of masks had been a repeated action point and we found practice had still not improved. This did not give us confidence that staff were trained, competent and following professional codes of practice that would lead to consistent safe care for people.

## **Requirements**

1. By 30 September 2020, the provider must ensure that personal plans and associated documentation accurately reflects and supports people's needs.

In order to achieve this, the provider must:

- ensure that the planning and delivery of care and support is person centred
- implement a system for monitoring the quality of care and support delivered to people.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. By 11 September 2020, the provider must ensure that there are systems in place to promote effective infection prevention and control practices.

In order to achieve this, the provider must:

- implement clear and documented systems to assure the cleanliness of the home
- ensure that there are adequate stocks of personal protective equipment available to staff at the point of use.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011.

3. By 11 September 2020, the provider must ensure staff use personal protective equipment correctly and in line with all relevant public health guidance (COVID-19 Information and guidance for care home settings).

In order to achieve this, the provider must:

- ensure that all staff are knowledgeable, competent and adhere to best practice.

This is in order to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011.

### Areas for improvement

1. In order to improve dignity and wellbeing, staff should notice and attend to people's needs as they become apparent.

This is in order to ensure that 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)



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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