

# Eildon House Care Home Service

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Unannounced

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**Service provided by:**  
Eildon Care Limited

**Service provider number:**  
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CS2013317488

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com). 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 Eildon House 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>.

Eildon House care home service for older people is registered for 24 places and is owned by Eildon Care Limited. At the time of this inspection there were 18 people living in the home.

The home is situated in a residential area of Edinburgh, close to local transport links, amenities and near to the city centre. The home is an older building that has had upgrades to provide en-suites in all but two rooms. Bedrooms are on three floors accessed by a lift and stairs. There is a sitting room and dining room on two floors. There is a garden area at the front of the home with a seat and plants. There are no car parking facilities but paid on street parking is available.

The service aims and objectives include:

"....all our staff strive to create a warm, friendly atmosphere where comfort, safety and security are paramount, and where each resident can be the person he or she has always been."

## What people told us

We received four questionnaires and spoke with nine people who live in the home and one relative and they were generally positive about the service. Comments included:

"The care is excellent; I really like the staff they look after us well."

"Reviews are regular, and my point is heard."

"Always feel comfortable to raise any issues."

"They look after us. Couldn't ask for anything more."

"Caring staff team. The meals are great."

"Staff are the service's biggest strength."

Issues raised included:

"Not enough staff, we do not get out enough."

## 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?	4 - Good
How good is our setting?	4 - Good
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 found that the service was performing to a good standard in supporting people's wellbeing. People should experience warmth, kindness, and compassion in how they are supported and cared for. People were positive about the staff who supported them and told us that they felt safe. We consistently saw caring interactions from all staff who worked in the home. This reflected that staff knew people well and created a friendly and relaxed atmosphere to ensure that positive and supportive relationships were maintained.

People told us that they felt involved in the service as they were asked their opinions on areas such as activities, food, and menu planning. We saw that these ideas were taken on board with appropriate actions taken. We also saw that this informed the service development plan. However, care plans could be developed further to highlight the positive outcomes people told us that they had achieved such as confidence building and reducing anxieties. (See Area for Improvement 1).

How people spend their day was important in maintaining their physical and mental wellbeing. For example, people were very positive about their day and the activities they took part in. There were good links to keep people connected to their local community, however people told us that they wanted more opportunities to take part in activities outside of the home.

Meaningful activities were provided by a dedicated activity worker. Staff had introduced (Care About Physical Activity) CAPA which promoted and improved people's mobility and independence. One person told us how they had achieved walking a little further each day.

The mealtime experience for people was seen to be good, with people receiving relevant support where needed and telling us that they enjoyed the food served. We noticed staff gave encouragement to individuals who were reluctant to eat. This was done in a dignified and respectful manner. We also observed that people were left to eat at their own pace, and no one was rushed. Access to snacks outwith the main kitchen hours was also available to encourage good nutrition.

People who use care services should feel confident that the treatments they experience are safe and effective. We saw that health needs were reviewed on a regular basis and people were helped to keep well through staff being responsive in referring to external professionals when individual needs changed.

## Areas for improvement

1. Outcomes need to be more specific to each person and reviews used to effectively measure if they are met.

This ensures that care and support is consistent with the Health and Social Care Standards, which state that, 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential (HSCS 1.6)

## How good is our leadership?

### 4 - Good

We found that there was good leadership of this service. People should have confidence that the service and organisation are well led and managed. Since the last inspection, the service had a new manager. People commented positively about the manager.

We found good examples of how the service was monitored to ensure people were kept safe. For example, we found effective processes in place to ensure safe practice with medication and health and safety within the home. We discussed the service's development plan. These demonstrated the service's priorities and how they monitored the quality of provision within the service.

Relatives, and people living in the home should be supported to give regular feedback on how they experience care and support, which the organisation uses to learn from and improve. We saw that people had the opportunity to be involved in making decisions and being kept up-to- date through notice boards and individual reviews. People and families were also completing regular surveys and said that they felt comfortable at giving their views. These responses were used by the manager to develop planned action points.

People should benefit from a service which uses robust quality assurance processes. This monitored the quality of staff practice and care through meetings and any compliments or complaints received. We could see that management had identified some areas for improvement. Likewise, people should be supported to feel secure and we saw that the home had accident and incident monitoring systems in place which reflected the action taken following the event and communication with relevant next of kin. 'Flash meetings' took place daily to help identify patterns or areas of concern. We were told that this was discussed daily with all heads of departments. The management team had developed an improvement plan to take account of all this learning and the improvements planned. This should be made available to people to show how the service was improving. (See Area for Improvement 1).

The service had a consistent staff team to take improvements forward within the home. The organisation was engaged with the Care Inspectorate and this gave us confidence in their ability and capacity for improvement.

### Areas for improvement

1. Quality assurance processes should be outcome focused. This should clearly demonstrate the action taken and how outcomes for people have improved as a result.

To achieve this the manager should:

- develop their improvement plan, which shows meaningful involvement from people using the service, relatives and staff.
- make the improvement plan available to people experiencing care, relatives and staff in easy to understand formats.

This will ensure that people living in the service is consistent with the Health and Social Care Standards, which state: I benefit from a culture of continuous improvement with the organisation having robust quality assurance processes. (HSCS 4.19)

### How good is our staff team?

#### 4 - Good

Staff were positive about working in Eildon House and gave good examples of teamwork, particularly around activities. Generally, staff told us that better communication with management was happening with greater frequency.

It is important that people have confidence in the staff who care and support them. We saw the level of training, support, and supervision most staff received. Staff demonstrated knowledge and competency in their roles. By using reflection of their practice, staff had the support to develop their skills to effectively support people. Staff spoken with said that they felt supported to achieve the training they needed to do their job and people living in the home were also complimentary about staff skills. The provider had an overview of all staff to ensure that they had the relevant skills to support people effectively. This meant that people's health and wellbeing was being maintained.

People told us that they benefitted from a relaxing and warm atmosphere because staff worked well as a team. Discussions with staff showed that they had the confidence to build good relationships. Housekeeping, activities co-ordinator and catering staff also worked well together to provide a positive experience for people by actively listening and responding to wishes.

The management team needed to continue to develop the changes in culture through instilling in staff an understanding of the principles and values of the Health and Social Care Standards. This would ensure that all staff were aware of their collective responsibility in promoting and maintaining standards. We saw that direct observations of staff practice were taking place and staff supervision meetings, to support and develop staff, were being progressed.

People were supported daily by staff who know how they wished to be cared for and believed that staff were skilled and patient in their approaches. Staffing levels were regularly monitored by management to

ensure that the necessary levels of staff were on duty to meet people's care needs. Staff rotas showed a good skill mix and planned deployment of staff while considering the layout of the building.

## How good is our setting?

### 4 - Good

We found that the environment was good. People should experience high quality facilities within the home which promotes their independence and keeps them involved in their wider community. We found the home was welcoming and secure with an appropriate entry system, and visitors' book for people to sign in and out. This promoted a safe environment for people and their visitors.

We saw that the service displayed various up-to-date information in respect of activities, and what they had done following suggestions from people living in the home. This meant that people could be kept active and involved.

People told us that they were generally happy with the home's décor and furnishings and were involved in choices. This included being able to personalise their bedrooms. People should be able to use an appropriate mix of private and communal areas, including accessible outdoor space. Throughout this inspection, people were seen to walk around the home freely and make use of the different areas which provided a variety of options for them.

We saw clean and well-furnished communal rooms and bedrooms. We saw that the home had good systems in place for the regular maintenance, repairs and servicing of equipment used to keep people safe. We saw that all rooms were included in a rolling programme of redecoration/refurbishment. We were told by people living at the home that there were plans to improve the garden area.

Examples of good or innovative practice should focus on Dementia friendly areas throughout the home. 'You said We Did' boards could be used more effectively to inform and involve relatives and people living in the home with all environmental improvements. Signage and lighting should be explored to see if the setting could be improved for some individuals, based on their identified needs, (See Area for Improvement 1).

## Areas for improvement

1. People living in the home should experience a high-quality environment. The manager and staff team should ensure that following care reviews, any identified needs relating to signage or lighting are followed through to ensure outcomes are being achieved as a result of the support and care being provided.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: I can independently access the parts of the premises I use and the environment has been designed to promote this. (HSCS 5.11)

## How well is our care and support planned?

### 4 - Good

We found that there was good personal planning in this service. To support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support as well as details of individual interests and preferences. We found that the detail about people's care needs recorded in personal plans was generally good and staff were able to tell us about the support being provided.

However, we continued to find that the detail needed to be more person-centred and outcome focused. Plans also needed to focus on the person's main area of care and support whether that be mobility, distressed behaviours or palliative care. (See Area for Improvement 1).

We found daily notes often were not reflective of a more holistic approach, capturing people's day-to-day quality of life, what's important to them and how they spend their day.

Risk assessments were regularly re-evaluated and were accurately reflecting the needs of people. Care review document was seen to be completed however, these could be more person-centred and focus on what the person could do, and support needed to achieve their goals including if this is the maintenance of their current quality of life. These review minutes and activities could capture the positive outcomes being delivered more effectively.

### Areas for improvement

1. In order to ensure that people receive care and support which is personal to them, the manager should ensure that:

- planned care is focused on people's main area of care and support, meaningfully evaluated and reviewed
- care records reflect a person-centred and outcome focused approach
- care reviews could be used more effectively to identify future, goals and positive outcomes achieved.

This ensures care and support is consistent with the Health and Social Care Standards, which state that '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); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

## 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 people experience care and support that promotes their rights, independence and dignity all staff should understand the outcomes described in the standards that people can expect. Staff should be supported to explore the standards and consider new and innovative ways to care and support people that help them achieve their wishes, choices and care needs. The Health and Social Care Standards headline outcomes are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.

4: I have confidence in the organisation providing my care and support.

5: I experience a high-quality environment if the organisation provides the premises.

**This area for improvement was made on 31 October 2018.**

## Action taken since then

All care plans are more person centred and represent the person as a whole. All contain wish lists. Reviews are up-to-date. Manager had introduced a new system and formats for care planning. Indications were that the new approaches were supporting safer and more effective planning and making staff more accountable for their practice. Regular audits were welcomed as was the greater awareness of staff around the importance of good recording. Area for Improvement has been MET.

## Previous area for improvement 2

To make sure people get the most out of life and are healthier, asking them about lifestyle preferences and aspirations and supporting them to achieve these is important. This should include:

1. Helping people do things that matter to them, for example, helping them to access regular additional support over and above that provided by the home. Advocacy or a befriender may help ensure access is appropriately planned.
2. Nurses should discuss health care with people. Where people show signs of possible illness/disease they should use recognised screening tools to assess potential health care needs.

The Health and Social Care Standard's principle of wellbeing state:

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.

The standards also say:

I am confident that people are encouraged to be innovative in the way they support and care for me. (HSCS4.25)

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)

I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate. (HSCS 5.9)

**This area for improvement was made on 31 October 2018.**

## Action taken since then

Flash meetings covered this, as did catch up with staff members. There were clear plans to involve people more. Regular team discussions, regarding training and added scrutiny of practice was helping to equip staff with ability to have conversations with management about a learning approach, and secondly to identify practice issues.

Area for Improvement has been MET.

## Previous area for improvement 3

To make sure people receive the care they need, the provider should ensure that the right number of staff with the right skills are working in the care home.

The Health and Social Care Standards say:



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.(HSCS 3.14)

My needs are met by the right number of people. (HSCS 3.15)

People have time to support and care for me and to speak with me. (HSCS 3.16)

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

**This area for improvement was made on 31 October 2018.**

#### Action taken since then

Having a stable staff team and a clear breakdown of individual needs kept monthly was in place. We found that a system of regular reviews had been re-introduced with an audit system to keep them on track. Sampled records showed that reviews although some were too brief had involved all interested parties. Area for Improvement has been MET.

#### Previous area for improvement 4

To reassure people with distress, agitation and with dementia that staff caring for them are knowledgeable, staff should receive or update dementia training that includes how to care and support someone who is distressed. Evaluation of the training should include seeking feedback from people experiencing care about how well staff are caring and supporting them.

The Health and Social Care Standards, standards 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)

My environment is secure and safe. (HSCS 5.17)

**This area for improvement was made on 31 October 2018.**

#### Action taken since then

Online training was used. This included dementia informed practice. Increased monitoring has taken place with more robust induction and greater use of effective technology. Monthly feedback from people living in the home was recorded. Staff confirmed that communication flowed both ways making it easier to discuss concerns.

Area for Improvement has been MET.

#### Previous area for improvement 5

To make sure people can independently access outdoor areas, risk assessments should include ways to enable people to go out if this is important to them. People who are less independent should be supported to access the outside area when they want to.

The Health and Social Care Standards say:

I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation. (HSCS 4.15)

If I live in a care home, I can use a private garden. (HSCS 5.23)

**This area for improvement was made on 31 October 2018.**

## Action taken since then

More activities were taking place, although still not enough activities within the community. Better forward planning was also now in place. Risk assessments were updated. Area for Improvement has been MET.

## Previous area for improvement 6

To make sure people's planned care reflects things that are important to them they should be involved and central to planning care and support. The plans should only cover 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 which may involve positive risk taking;
- B) be as independent as possible which will involve risk enablement;
- C) highlight what is important to them and understand what staff feel must be included; and
- D) feel safe and well supported as well as cared for.

The Health and Social Care Standards states:

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

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)

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 31 October 2018.**

## Action taken since then

Clear information was documented within daily notes and support plans. Interviews with people living in the home and staff confirmed that activities were frequent and met individual preferences. Area for Improvement has been MET

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - 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?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
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?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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