

Eildon House Care Home Service

23 Eildon Street
Edinburgh
EH3 5JU

Telephone: 01315 571 481

Type of inspection:
Unannounced

Completed on:
22 March 2021

Service provided by:
Eildon Care Limited

Service provider number:
SP2013012074

Service no:
CS2013317488

About the service

This service has been registered since 2013.

Eildon House is registered to provide a care service to a maximum of 24 older people. There were 19 people living in the service at the time of the inspection.

The provider is Eildon Care Limited.

The home is a three storey converted terraced house, situated within a central position in Edinburgh. All bedrooms were single occupancy. Each room, with the exception of two, had ensuite facilities.

There was a passenger lift that supported people to move between floors.

There was a small patio garden. Off street parking was available.

The service aims and objectives stated:

"...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."

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.

The inspection involved two visits on 14 and 19 March 2021, and was carried out by four inspectors from the Care Inspectorate.

We issued a letter of serious concern on 15 March 2021.

What people told us

The timing of our visit meant we were unable to talk to people who live in the service. We spoke with two relatives by telephone. Feedback received was positive, and comments included:

"The communication has been good."

"I can't fault the home, and the staff are really friendly and helpful."

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 evaluated the service to be performing at a weak level. There were some strengths but these were outweighed or compromised by significant weaknesses.

On our initial visit we raised serious concerns that there were not enough staff to keep people safe and meet people's health and care needs. For example, people's safety was not monitored for long periods of time and others had to wait extended periods for essential assistance. On our second visit, staffing numbers had increased and whilst we were satisfied that there was enough staff to keep people safe and meet their health and care needs, we emphasised how important it was that the service demonstrated staffing numbers continued to meet people's changing needs.

Staff understood that keeping people safe during COVID-19 meant a reduction in social contact with friends and family. People were encouraged to maintain contact in various ways including using the telephone and technology. This meant that people were regularly talking to their family and friends. Relatives told us that the home had kept them up to date throughout the pandemic. One person explained, "The manager has used zoom calls to keep me informed which was good. I hope there are more of these."

Staff were compassionate and caring and we heard meaningful conversations between them and the people they care for. Relatives spoke highly of the staff team and felt they were "really friendly" and "helpful."

People's weight was monitored monthly. These recordings demonstrated that some people had lost considerable weight. During the mealtime people were not given enough assistance to eat their meal. We discussed the importance of improving people's mealtime experience by making sure there was enough staff to support people who needed assistance to eat and drink. (See requirement 1)

People's plan of care did not accurately reflect their health and care needs and there was insufficient detail to direct staff. Care plans lacked detail about people's skin care, pain management, continence and end of life care needs. Without this information, care could be inconsistent and staff would be unable to meet these care needs. For example, one person had a wound with no documented treatment plan. This meant there was a potential the wound would not be attended to which could potentially result in health complications. (See requirement 2)

People's health and care needs were not written in a person centred or outcome focused way and there was no evaluation of people's care needs to make sure these were being met. This meant that there was a risk that people's wishes and preferences would not be considered. (See requirement 2)

Whilst families told us that they were kept informed about changes affecting their family member's health, there was no evidence that they were involved in regular reviews. This meant that they were potentially not aware of changes in their family member's health and care needs and therefore unable to contribute. (See requirement 2)

People told us that they had recently visited their family members. The use of Personal Protective Equipment (PPE), and restrictions on the number of visitors had helped protect the safety of other people, relatives and staff. A family member explained, "I do a test and wait in the car for the result. I am then allowed in to my relative's room. I am met by a staff member and have to put PPE on before entering."

It is important that people's medical needs are considered to promote their health and wellbeing. There were some aspects of medication recording that could be improved. For example, the effectiveness of 'as required' medication was not always recorded to demonstrate people's experience of pain. (See area for improvement 1)

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

We evaluated the service to be performing at a weak level. There were some strengths but these were outweighed or compromised by significant weaknesses.

On our first visit, we found the home was not clean or well maintained. There was an unpleasant odour on two of three floors. Toilets and shower rooms were not consistently clean. Staff told us that they did not have enough time to complete cleaning tasks. This meant that cleaning was not being consistently completed. On our second visit, the home was cleaner and there was no longer an unpleasant odour. A cleaner had been appointed to ensure daily cleaning tasks were completed which lessened the risk of harm from infection and cross infection.

There was no system that demonstrated baths, showers and reusable equipment, for example, hoists, were being cleaned between use which meant there was a risk of cross infection. (See requirement 3)

Whilst there was a good supply of Personal Protective Equipment, (PPE), this was not readily available throughout all areas of the home for staff to use. We discussed increasing the number of PPE stations to make it easier for staff to comply with the guidance and keep people safe from harm. (See requirement 3)

Staff were initially not wearing PPE in line with guidance, however, we noted during our second visit that staff practice had improved. PPE was not consistently discarded in the correct waste bins. We discussed increasing the number of bins to support staff to safely discard used PPE as close to the point of use as possible. This meant the risk of infection was reduced. (See requirement 3)

Clinical waste was not being stored in line with guidance. For example, we found a clinical waste bag stored in a bathroom. This practice placed people and staff at risk of harm from cross infection. (See requirement 3)

Whilst staff had easy access to hand sanitiser to support good hand hygiene, there was limited access for people living in the home. We saw that people were not assisted to wash their hands before or after breakfast. This meant that good hand hygiene was not encouraged which increased the risk of cross infection and harm to people. (See requirement 3)

Soiled linen was not always transported to the laundry straight away. For example, we found a bag of soiled linen stored in a bathroom. This practice placed people at risk of harm from infection. (See requirement 3).

The home's laundry room was in a poor state of repair. The machines were rusty, and the front panels were missing. The area was cluttered with many items stored on the floor. Clean and dirty linen was stored side by side which meant there was a risk of cross infection. (See requirement 4)

The home had implemented staff testing for COVID-19 in line with guidance. This followed best practice and assisted with the continued protection of people and staff from harm.

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

We evaluated the service to be performing at a weak level. There were some strengths but these were outweighed or compromised by significant weaknesses.

On our first visit we found there was not enough staff to keep people safe and meet their health and care needs. In response, we issued a serious concern letter that required the provider to implement the following immediate steps: -

- Provide enough staff to ensure people's safety and wellbeing needs are met on each floor;
- Allocate sufficient domestic and laundry staff on each day to keep people safe from the risk of infection and cross infection.

On our second visit, we were satisfied that the provider had met the requirements of the serious concern letter. Overnight staff numbers had increased which meant that each floor had a dedicated staff member which potentially meant that people could be assisted more quickly. Domestic and laundry staff had been allocated on each day which meant daily tasks were being completed which lessened the risk of infection and cross infection.

Whilst the provider had made the required improvements, we emphasised the importance of making sure that staff numbers were responsive to people's changing needs. (See requirement 5)

The home had a contingency plan to support the service in the event that staff were absent as a result of illness, self-isolation or exclusion following a positive COVID-19 test.

Training records demonstrated that people's health, safety and wellbeing was compromised because staff had not completed training to enable them to meet their health and care needs. For example, records demonstrated that staff had not consistently completed training in diet and nutrition. One person's care plan identified they had experienced considerable weight loss. There was no evidence of follow up, including action taken to minimise the risk of further weight loss. This could potentially lead to further health complications and place people at risk of harm. (See requirement 6)

We discussed the importance of training to make sure staff have the skills and are competent to plan people's care and support. (See requirement 6)

Requirements

1. By 16 April 2021, the provider must ensure that people have sufficient nutritional intake to meet their needs. In order to achieve this, the provider must ensure:

- a. Ensure there is sufficient staff to assist people to eat and drink;
- b. Ensure people can choose what they like to eat and when;
- c. A relaxed atmosphere that promotes a positive dining experience.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'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' (HSCS3.21); '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); and 'People have time to support and care for me and to speak with me'. (HSCS 3.16) and

In order to comply with Regulation 10(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

2. By 26 May 2021, the provider must ensure that people receive care and support that meets their health and care needs. In order to achieve this, the provider must ensure:

- a. people's plan of care accurately reflects their health and care needs;
- b. the care planning process is used to improve people's experiences and outcomes;
- c. people, relatives and visiting professionals are fully involved in the care planning process;
- d. the quality of people's care and support is evaluated and action taken to make any necessary improvements;
- e. people's plan of care is person-centred and outcome focussed.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19); 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); 'My care and support is provided and planned in a safe way, including if there is an emergency or unexpected event.' (HSCS 4.14); and

In order to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 16 April 2021, it is a requirement that the provider must ensure there are robust infection prevention and control strategies in place to keep people and staff safe from the risk of infection. In order to achieve this, the provider must ensure:

- a. that staff have ready access to PPE in all areas of the home;
- b. that there are sufficient waste bins to enable safe disposal of used PPE;
- c. clinical waste is disposed of in line with Health Protection Scotland (HPS) COVID-19 Information and Guidance for Care Home Settings;
- d. that used linen is managed in line with Health Protection Scotland (HPS) COVID-19 Information and Guidance for Care Home Settings;
- e. that the equipment used in the provision of care is clean, tidy and well maintained, including hoists;
- f. that people are supported and encouraged to practice good hand hygiene;
- g. implementation of a robust quality assurance system to ensure you timeously identify; and action areas for improvement.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22); and

In order to comply with Regulation 10(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. By 26 May 2021, it is a requirement that the provider must ensure the home's laundry room complies with Health Protection Scotland, (HPS), COVID-19 Information and Guidance for Care Home Settings. In order to achieve this, the provider must ensure:

- a. the laundry room is in a good state of repair and fit for purpose;
- b. that laundry room equipment is safe, effective and fit for purpose.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22); and

In order to comply with Regulation 10(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

5. By 16 April the provider must ensure that there are sufficient staff consistently rostered to keep people safe and meet their health and care needs. In order to achieve this, the provider must ensure:

- a. that at all times there are sufficient nurses and care staff on each shift to fully meet people's health and care needs;
- b. that there is domestic and laundry staff rostered each day to maintain people's health and wellbeing;
- c. that staffing is regularly evaluated to demonstrate that it is responsive to people's changing needs.

This is to ensure care and support is consistent with Health and Social Care Standards which state:

'My needs are met by the right number of people' (HSCS3.15) and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected'. (HSCS 1.23) and

In order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

6. By 16 April 2021, the provider must ensure that people can have confidence in the staff because they are trained, competent and skilled to meet their health and care needs. In order to achieve this, the provider must ensure that:

- a. that staff complete training that will enable them to meet people's health and care needs, including but not limited to, nutrition, skin care, continence and care planning;
- b. there is an on-going assessment of staff competence and skills in relation to the identified aspects of care and support;
- c. that where there are indications of poor practice this is recognised and prompt action is taken to address this.

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

'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) and

In order to comply with Regulation 15(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. Where medication is prescribed 'as required' staff should evaluate and document the effectiveness of the medicine to ensure it is meeting people's health and care needs.

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

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

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)

This area for improvement was made on 13 March 2020.

Action taken since then

People's plans of care were not person-centred or outcome focussed. Whilst this area for improvement was not met, it will be replaced by requirement 2 identified within this report.

Previous area for improvement 2

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)

This area for improvement was made on 13 March 2020.

Action taken since then

Not assessed

Previous area for improvement 3

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)

This area for improvement was made on 13 March 2020.

Action taken since then

We raised concerns about the living environment following the most recent inspection. Therefore whilst this area for improvement has not been met, it will be closed and replaced with requirement 3 identified within this report.

Previous area for improvement 4

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)

This area for improvement was made on 13 March 2020.

Action taken since then

People's plan of care was not person centred or outcome focussed. There was no evidence of regular evaluations, and we found that changes in people's health and care needs were not accurately reflected within their care plan.

Whilst this area for improvement has not been met, it will be closed and replaced by requirement 2 identified within 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 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	2 - Weak
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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