

Eagle Lodge Care Home Service

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Unannounced

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Salvation Army

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About the service

Eagle Lodge is a care home for 35 older people and has been registered with the Care Inspectorate since 2002. The service is provided by the Salvation Army which also has other care services throughout the United Kingdom.

Social care staff care for people living in Eagle Lodge and there are team leaders, a head of care and a home manager. Community nurses support the staff with any nursing care people may need.

The home is situated on Ferry Road in Edinburgh. There are garden grounds to the front and back of the building and car parking is available at the front of the home.

The home has three floors and a lift. The main lounge and the dining room are on the ground floor, the kitchen is off the dining room. There is also a seating area in the dining room overlooking the front of the home. There is a smaller dining room on the ground floor, a quiet room and lounges/dining areas on the first and second floors. There is an activities room and a hairdressing room for people to use.

The service aims and objectives include:

".... to make later-life a time of fulfilment and enrichment for our nation's older generation..... Our older generation deserves to be treated with dignity; to receive care when they require it and to have the opportunity to retain as much independence as possible."

What people told us

At the time of the inspection, there were 34 people living at Eagle Lodge. Residents we spoke with during the inspection were complimentary about the care they received from the staff team at Eagle Lodge. Some people were unable to tell us about their experience in Eagle Lodge. We spent time around the home observing how people were being supported, the activities that were happening and spoke with residents in communal areas and in the privacy of their rooms.

We spent time observing how well staff interacted with residents and communicated with colleagues. We saw examples of positive interactions that demonstrated people were treated with kindness, dignity, affection and respect.

We spoke with two relatives in person and phoned three relatives to gather their views about the quality of care and support at the care home. We received some very positive feedback about the management, care staff and activity leaders. We also heard of areas which could be improved upon.

This included improved communication about people's health and wellbeing, getting more information about the care review system, having more involved in the care planning process and care home documentation as well as improved communication about any changes to visiting arrangements.

Comments included:

'Care is second to none - staff are excellent'

'Lovely home and staff'

'Food could be better but the care is very good and that is most important'

'Would welcome having a review so we can meet to discuss how my relative is getting on.'

'The care staff all seem caring and kind. Communication good be improved so I am kept more informed about my relative's care.'

' This is definitely the right place for my relative. All the staff are so caring and have really got to know my relative's needs and they care for them so well. They are very settled here.'

'The activity leaders are so enthusiastic and there is always something going on.'

' The home has a lot of good things going on, staff are really good and enthusiastic. I think improvements could be made with the finances - a better breakdown of what we are paying for. It would be good to see more of the manager - a relatives' meeting would be good. They are prompt at getting them medical help if they need it but I do feel there could be better systems in place to keep me regularly informed of how my relative is being supported.'

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 staff team?	4 - Good
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

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

There was a warm, welcoming and homely atmosphere at Eagle Lodge. There were positive interactions between care staff and residents which demonstrated that people were treated with dignity, respect, kindness, and genuine affection.

Care staff were sensitive to and responsive to the individual needs of residents and had built positive relationships with them. Residents told us that care staff were kind and caring and looked after them well.

Visiting relatives were praiseworthy of the staff team. The care staff's approach had led to very positive outcomes for a resident because the support was tailored to their needs.

A relative commented: 'It is not just put on for show. I am in here regularly, hearing and seeing what is going on. The care staff are just fantastic.'

The activities leaders were skilled, enthusiastic and dedicated to their role in managing and leading the activities programme. They engaged really well with people living at the home. This contributed to people feeling valued and their views and suggestions being heard.

Lots of activities were happening with many people engaging in them. Time was dedicated for staff to support people with their interests. Some people had enjoyed the musical entertainment, the barbeque, outings on the bus and going to the local supermarket for some shopping and to the cafe there. Special occasions such as birthdays were planned for and celebrated.

Transferring paper care plans to digital format was nearing completion. The new care planning system supported the monitoring of people's health and wellbeing. Social care staff used portable technology which enabled recording of the care and support that people received. The 'resident of the day system' had been introduced to ensure that each resident's plan was up to date and current with review information and their individual interests, needs, life stories recorded. The management team were making progress with this at the time of inspection and were continuing to develop the anticipatory care plans to support people's wishes for end of life arrangements.

Feedback received from relatives was overall very positive. They valued the care staff and the way they supported residents.

Improvements with communication could be made so that more people have the opportunity to be more involved in and understand the care planning process and reviews of care arrangements.

' The staff are kind and caring but I would like more information about my relative's daily activity plans, their nutrition and fluids, their medication and about the review system and how that works.'

' I don't think I received any information about the care home. That would be helpful to have as I am not sure about the staffing structure. I do talk to whichever staff are on shift and they all helpful and caring but I am not sure whether information has been passed on to the right person to get things actioned.'

' A regular email updating me about my relative would be helpful. They have been really good at supporting my visits to the home and I can spend as long as I like with my relative. I wasn't informed that I could do the lateral flow test at home so communication about this and any changes could be improved.'

The service should promote improved involvement of residents and relatives in the care planning and care review system (see area for improvement 1)

Some residents we consulted did not want to join group activities and would like to have more opportunity to pursue their individual interests. We saw that for certain residents their interests could be extended. For example someone loved gardening and nature and would like to get out more in the local community. They used to go out regularly but said that hadn't happened for a while. Relatives gave us suggestions for things that their loved one's might engage in. We passed these back to the management team for action. There were plans for the activities leaders to have the opportunity to be more involved in residents' care planning and contribute to the digital care planning system. We support this development as a way of furthering residents' individual interests, skills and choices.

(see area for improvement 2)

We received mixed feedback about the quality of the food. Comments from residents included:

'The food here is fantastic.'

'I eat it all because we were brought up to clear our plates. I am no cook but I could do better than what is put in front of me some days.'

The residents' food group had not been held for a while. This could be resumed to gather information about the quality and choice in food provision and improve satisfaction levels in this area.

The service had recently undertaken surveys to gather the views of residents, relatives and staff about the quality of the service across a range of areas. The management team were at the stage of analysing the feedback so that they could build on the strengths identified and action any areas which could be improved upon. The service planned to share the results with participants and to include any identified improvements in its continuous improvement plan.

Areas for improvement

1. In order that people feel well informed and involved in their care planning, daily support planning and care reviews, the service should:

- Improving communication systems to ensure that residents and their representatives are familiar with the care planning and review system and feel better informed and involved in their ongoing care and support planning.
- Review the way information about financial information is communicated so that people understand better what they are paying for.
- Continue with progress made in transferring paper copy plans onto the digital system and with 'the resident of the day' system'
- Consider having a key point of contact to promote more effective communication about people's health and social support.
- Review the quality of the food within the home, taking account of residents' views and including this in their individual care plans.
- Develop anticipatory care plans further for each person to include people's needs and wishes should their health deteriorate and deliver further training to staff to improve confidence on this area.

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

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)

'I am supported to discuss significant changes in my life, including death or dying and this is handled sensitively.' (HSCS 1.7);

I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. (HSCS 1.33)

2.

In order that all people living at the home are offered the opportunity to be regularly involved in activities of their choice and have their individual interests promoted. The service should review each person's current daily activities and promote further opportunities to pursue their individual interests.

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

I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. (HSCS 1.25)

How good is our staff team?

4 - Good

We received positive feedback about the quality of the care staff and observed caring and compassionate interactions. Staff were confident in their roles and expressed that they felt well supported by their managers. There were safe recruitment systems in place to make sure that people employed at the home were appropriately vetted before employed to care for residents. Staff had regular opportunities to meet as a team and to meet with their supervisors. There was a staff training programme in place which was regularly reviewed by management to check that staff training was delivered and up to date. The organisation of local training could be better managed and recorded. This is to provide improved understanding of staff skill set and training needs.

The quality of staff supervision could be improved upon by showing that staff have had the opportunity to reflect on their practice and by extending discussions to focus on outcomes for residents. Further support and development of supervision skills for supervisors would be beneficial in promoting reflective practice and to make supervision sessions more meaningful and productive.

Staffing levels had improved and further staff recruitment was planned for. We found that there were sufficient levels of staff working at the home to promote residents' health and wellbeing. A resident told us that they got on well with the staff but sometimes it seemed to take a while for their call buzzer to be answered. The service should monitor outcomes for people who are not engaged in the downstairs activities as at times there was a lack of staff presence during the inspection other than when people pressed their call bell.

We have advised the management team to look at how staff are deployed across the home to make sure care is as responsive as possible at all times.

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

3 - Adequate

The Scottish Government's 'Open with Care' which provides guidance on care home visiting arrangements was being promoted well. There were safe measures in place to minimise the spread of Covid 19 such as screening visitors before allowing entry to the premises. Relatives and residents told us that infection control and prevention was well managed. They appreciated being able to spend quality time with their loved ones. Management should improve communication during this pandemic to ensure that relatives are informed of any changes and developments relating to care homes for older people.

The environment was maintained to a high standard of cleanliness with suitable products in use to prevent the spread of Covid 19. Residents rooms were homely and personalised and found to be clean and well maintained. Staff used and disposed of Personal Protective Equipment (PPE) appropriately. This meant they were promoting people's safety and wellbeing. Equipment for supporting residents with their mobility was

found to be very clean and in good condition. There were clinical waste bins around the home but we found that these needed to be placed in areas easily accessible for staff to dispose of their PPE. This is to minimise the spread of any potential infection.

The quality assurance systems for monitoring Infection Control and Prevention measures in the care home needed improvement. We could not evidence that touch points were being cleaned at least twice daily in line with best practice guidance. Some of the quality assurance records viewed were inaccurate. The quality assurance systems needed to be used to better effect to accurately identify and rectify any aspects of infection control arrangements that required attention.

There were unsuitable outdoor storage facilities for the safe disposal and collection of clinical waste. The area where the bins were located needed to be enclosed. Although the provider took action to make sure the proper equipment was obtained this should have been addressed at an earlier stage and needs to be regularly monitored.

Staff training in infection control and prevention practice delivered by health professionals needed to be better organised and recorded to show who had received the training and to plan ahead for any future training needs (see area for improvement 1)

Areas for improvement

1. In order that people are kept as safe as possible from the spread of infection, the provider should ensure that the following infection prevention and control measures are in place and regularly reviewed:

- Touch points are being cleaned at least twice daily and that records reflect this.
- Clinical waste bins are easily accessible within the care setting with the correct type of bag. The condition of bins to be checked regularly to ensure they are in good working order.
- Monitor the arrangements for waste disposal frequently.
- Check that clinical waste disposal units outside the premises are in good condition and lockable and all waste disposal units contained.
- Ensure that infection prevention and control quality assurance records are robust and accurate and used effectively to promote best safety outcomes.
- Ensure that staff training in infection control and prevention is managed well and recorded.

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

'My environment is secure and safe.' (HSCS 5.17);

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

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 reassure people that staff know how to care and support people by reflecting people's rights, choices and wishes, the service should improve care planning. This to include:

- Ensuring all essential information is transitioned from the paper system to digital format in a timely manner;
- Paper care plans are referred to for each person until all information has been transitioned to the digital format so important information is not missed;
- Develop anticipatory care plans further for each person to include people's needs and wishes should their health deteriorate.

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

'My personal 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);

'I am supported to discuss significant changes in my life, including death or dying and this is handled sensitively.' (HSCS 1.7);

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14); and

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18).

This area for improvement was made on 29 October 2020.

Action taken since then

The service had made good progress in transferring paper records across to the digital care planning system. There were still some care plans that required reviewed and further developed including extending upon the information about people's future care and support needs in the anticipatory care plans. We have made a new area for improvement to include any aspects of this one which we judged to need further development. See Key Question 1 in the main body of this report.

Previous area for improvement 2

To reassure people that they are protected and safe in relation to infection prevention and control, the provider should continue improvements and embed and sustain recent improvements in infection control measures. This to include:

- Ensuring the general environment is clear from non-essential items;
- Appropriate personal protective equipment (PPE), including nitrile gloves and hand sanitizer, is available at point of use and stocked at suitably positioned PPE stations;
- There are sufficient clinical waste bins easily accessible to staff;
- People's bathrooms have appropriate paper towel dispensers.

This is in order to ensure 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);

'My environment is secure and safe.' (HSCS 5.17);

'I use a service and organisation that are well led and managed.' (HSCS 4.23); and

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

This area for improvement was made on 29 October 2020.

Action taken since then

The service had made good progress with this area for improvement. We found PPE stations to be well stocked and accessible to staff. We have judged this area for improvement to have been met. We have made a new area for improvement in relation to the quality assurance records used to manage staff practice and infection control arrangements. (See Key Question 7 in the main body of this report)

Previous area for improvement 3

To reassure people that the staff team are trained and knowledgeable of COVID-19 and have received training appropriate to their role the service should ensure:

- All staff attend refresher training in COVID-19 infection control and correct use of PPE. This to include the donning, doffing and safe disposal of PPE, wearing face masks correctly, use of gloves, personal attire, and grooming;
- The training to be reinforced at regular intervals with all staff;
- The training to be evaluated to ensure it is understood by each staff member and sufficient to the needs of the service;
- Internal audits/observations of staff practice are regularly undertaken to ensure that HPS infection control guidance is followed at all times with improvement actions taken when necessary (for example through team discussions, reflective accounts or supervision, improvement action plans);
- Staff have access to (ideally on-line) and time to read the most current and up-to-date guidance regarding COVID-19 and have a sign sheet to record that this is completed, and information understood.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23);

'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27);

'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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 29 October 2020.

Action taken since then

The service had made good progress with this, however we found the records of staff training and the way training in infection control practice was managed needed improvement. We have made a new area for improvement to include aspects of area of improvement 2 and area for improvement 3 under Key Question 7 in the main body of 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 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 good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate

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