

Eildon House Care Home Service

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Edinburgh
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Type of inspection:
Unannounced

Completed on:
27 September 2022

Service provided by:
Eildon Care Limited

Service provider number:
SP2013012074

Service no:
CS2013317488

About the service

Eildon House Nursing Home is registered to provide a care home service to 24 older people. 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. There are double rooms. Double rooms are registered to support people in relationships to continue to live together if they wish. Each room, except for two, had en-suite facilities. There was a passenger lift that supported people to move between floors.

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'.

About the inspection

This was an unannounced inspection which took place on 07 September 2022 between approximately 15:00 and 22:35, 09 September between approximately 10:00 and 15.30 and 12 September between approximately 11:00 and 18:30.

The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we;

- spoke with people using the service and their family, friends and representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- received feedback from electronic questionnaires.

Key messages

- people experienced warm and caring support from staff that knew them well
- the manager was very responsive to feedback and was committed to the on-going development of the service
- broadening the range of areas covered observations of staff practice will help identify learning needs and support staff development
- moving and handling practice of some staff needs to be improved
- personal plans were well written and contained detailed information on people's needs and preferences
- good progress had been made on developing social opportunities and activities for people living in the home.

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?	5 - Very Good
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very 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 evaluated this key question as good as there were several strengths that impacted positively on outcomes for people and clearly outweighed areas for improvement.

A range of care and risk assessments informed the development of individual personal plans. External health professionals were contacted for advice and where there were changes in people's needs. A few relatives gave mixed views about the communication from staff commenting "communication on the whole is good, however there have been key instances when it should have been better and "on the whole I am kept informed of incidents or changes, however, not on every occasion and sometimes there is a lack of information". We shared these comments with the manager.

An overview of people's key needs or concerns and detailed information shared at staff handover helped ensure that staff were up-to-date with people's needs.

Staff were knowledgeable about people's support needs and respected their choices and preferences. One relative told us that although their mother had fairly recently moved into the home, staff were getting to know her well. People were supported with warmth and care and those who were unsettled or upset were cared for sensitively. One resident told us that care staff "are lovely....they take care of me".

Overall, medication was managed well and the completion of records indicated that people received their medication as prescribed. The consistency of some documentation needed to improve to support this (see area for improvement 1).

The completion of care charts needed to improve to more accurately reflect the care being provided to people (see area for improvement 2).

Residents enjoyed a sociable dining experience and those who needed support with their meals were assisted in a respectful way. Staff were attentive to people's needs and were good at encouraging people to eat and enjoy their meal. Some changes could enhance the mealtime experience for people who have difficulty concentrating, such as ensuring that people are assisted by one person throughout their meal.

The manager had difficulty obtaining relief staff to cover when the chef was not working. Care staff fulfilled this role on some occasions, however they felt this took them away from care duties. One resident commented "staff are very nice.....seem to be plenty, although they sometimes take a while to answer my call bell - usually at mealtimes". Alternative plans were implemented on these occasions and the provider continues to actively recruit for a second chef. Plans were in place to review menus and to broaden options for people living in the home. We will follow these areas up at the next inspection.

A new activity worker had been employed since the last inspection. They had made good progress in developing more social opportunities and enabling people to be involved in what was happening in the home. One relative told us that "there's always something going on and (relative) joins in". People enjoyed sitting outside together and joined in a number of activities, including flower arranging. One person said "I sometimes go downstairs and join in with what's on. There was yoga on today", when talking about what was happening in the home. Staff told us that, at weekends when the activity worker was not in the home, they were not always able to spend meaningful time with people or in supporting them to maintain their interests or socialise. The

provider should review current provision and cover for the activity worker when they are not working along with people's needs and wishes. This should then be used to inform staffing levels or deployment to provide this. Please also see Key Question 4 for further information.

Staff recognised that meaningful contact with loved ones was essential to people's health and well-being. The home had worked hard to embed a culture that supports the inclusion of family and friends. Relatives and friends were able to visit without restriction and were included in events and celebrations. One relative commented that the care home "has always been welcoming and flexible" when they visited.

People were supported to keep in touch with loved ones by 'phone and video calls. One resident told us they had regular video calls with their daughter which they enjoyed and looked forward to. Others were supported by staff to leave the care home and visit family in their own homes. One resident told us how much they enjoyed going out with their daughter to the local café every week.

We recommended that the service completed life story work with people to gain further insight into who is important to people.

Systems were in place to help protect people living in the home from the risk of infection. There were good supplies of personal protective equipment (PPE) which were appropriately used by staff. Laundry and domestic services were well organised and the laundry and home were kept clean and tidy. Regular audits were completed to help maintain good standards of cleanliness and staff practice in infection prevention and control.

Staff had completed infection control training. We observed a few staff wearing jewellery or nail varnish which does not follow best practice. We were confident the manager would remedy this to support good hand hygiene and prevent the spread of infection.

The provider had plans to upgrade the facilities in one sluice room. This will help promote best practice in infection prevention and control. We will follow this up at the next inspection.

Areas for improvement

1. The provider should ensure that any treatment or intervention that residents receive is safe and effective. In order to do so, medication management should be developed to include;
 - a) where medication is not given as prescribed, clear information should be recorded on the medication administration records (MARs) to indicate the reason for this
 - b) accurate records are kept to evidence that topical creams and ointments are applied as prescribed
 - c) handwritten changes to the original instructions on MARs should be dated, signed and include the origin of the change
 - d) protocols for medication given on an 'as required basis' should be in place to help support staff to determine if medication is needed and any actions to be taken or considered.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. In order to reflect the care and support people receive, the provider should ensure that care charts are accurately completed in line with their assessed needs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'my care and support meets my needs and is right for me' (HSCS 1.19).

How good is our leadership?

5 - Very Good

We evaluated this key question as very good where there were significant strengths in supporting positive outcomes for people with few areas for improvement.

A system of quality assurance checks and audits was in place to help assess and monitor the quality of the service and the environment. Audits of the home were completed by external operations managers, as well as the home manager. Checks completed in the home were supplemented by an on-line quality assurance system. This allowed senior management access to up-to-date information and oversight of the service being provided. Action plans implemented following audits resulted in changes and improvements in the quality of service people experienced.

Observations of staff practice were completed to assess staff learning and competency. The outcomes of these were used to help support on-going staff development. Please see Key Question 3 for further information.

The care home manager and operations manager responded positively to feedback throughout the inspection and took prompt action where needed. They had a good understanding of what was working well in the home and what improvements were needed. Managers reflected on concerns or issues raised, and consistently made improvements based on learning to improve the quality of care and support. We were confident that they had the capacity and systems in place to support on-going changes and improvements.

We discussed some adjustments to the way that quality assurance checks and audits are organised and recorded with the manager. This will help support on-going improvements and good outcomes for people.

How good is our staff team?

3 - Adequate

We evaluated this area of support as adequate as, whilst there were some strengths that had a positive impact for people, these just outweighed the key areas of performance that needed to improve.

An induction and training programme was in place for staff. All new staff completed essential induction training, after which, they were then allocated training specific to their role.

Some staff identified they would benefit from more training on nutrition for people with diabetes. The provider should continue to review and adapt training in order to reflect the needs of people living in the home and ensure staff have the right skills and knowledge they need to meet people's needs.

Carers working in team leader roles were supported to complete a further accredited training course. This provided more in-depth knowledge on specific conditions and management of these, required to support them in this role and to support better outcomes for people.

Observations of practice were completed which assessed staff competency and ability to put learning into practice. These were evaluative, included the outcomes for people being supported and informed a reflective discussion that the manager had with staff thereafter. In order to identify learning needs and support good practice, the provider should broaden the range of areas covered by observed practice and include the reflective discussion and learning outcomes of staff in the documentation (see area for improvement 1).

Regular individual supervision sessions were held with staff to support continuing professional development. Records of these should be development to more fully demonstrate the discussions that staff have had the opportunity to reflect on their skills, knowledge and learning.

We observed some staff support people in to move around in ways that were in line with good practice guidance. On two occasions staff used techniques that did not support people in a safe or comfortable way. The manager dealt with this promptly and refresher training was arranged and provided without delay. Some staff recognised their own leaning and development needs and requested further training. Whilst recognising the prompt action taken, we have made an area for improvement (see area for improvement 2).

Areas for improvement

1. To ensure people experience high quality care, the provider should ensure that regular observations of staff practice are completed. Records should indicate that staff have received feedback and an opportunity to discuss areas for development.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states '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).

2. In order that people are safe and protected, the provider should ensure that staff are knowledgeable and competent in safe moving and handling practices. In order to do so, the provider should ensure that;

- a) All staff receive training in moving and handling
- b) Staff competency and practice is regular assessed to determine that they are able to apply their training to practice and this is in line with good practice
- c) People are supported to move safely, in line with their assessed needs.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11) and '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).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could access variety of ways to stay connected to their loved ones. A telephone was available and some people living in the home made video calls to their family. The manager was keen to increase opportunities for people to use technology such as ipads to stay in touch with family members.

The design of the setting contributed to people developing natural friendships and relationships. There were several different spaces where people could spend time in small groups, or join larger functions in the lounge or dining room. The manager had personalised spaces for people when they enjoyed sitting in a certain place. One area in the home had been decorated like a train platform reflecting a keen interest in trains by the person who frequently spent time there.

People could move around the home freely using the lift. At times people on the upper floors of the home

spent more time in their rooms and were therefore isolated from other people. The manager responded positively to this feedback during the course of the inspection. They purchased a new television for the upstairs lounge and encouraged staff to proactively support people to spend time together in communal areas.

The service had made links with the local community that encouraged the growth of informal support networks. Local musicians and choirs had performed in the home and visits were taking place from children from a nearby nursery. A local florist had donated plant boxes and flowers, which were tended to by those living in Eildon House. Several people living in the home told us that this helped them to feel part of their local community which had a positive impact on wellbeing.

There had been frequent trips out to museums and cafes, supported by staff. Some people could leave the home independently. There was some reluctance and uncertainty from staff about how to enable people to take positive risks when accessing the community independently. The manager acknowledged this and was keen to support a change of culture in the home.

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good where there were significant strengths in supporting positive outcomes for people with few areas for improvement.

Assessments were completed prior to people moving into the home. These should be developed to include more detailed information on people's needs and how the home can meet these. This would support a smoother transition for people moving into the home.

Risk assessments were used to assess and plan people's key care needs. These informed the development of individual personal plans which were well-written and contained detailed, personalised information.

Care plan sections referred to other relevant information located elsewhere in the plan and provided clear guidance on people's needs and preferences and how these should be met. Separate care plans were devised for specific health needs or conditions. This helped staff care for people in a person-centred way which was evidenced in the way that staff supported people.

Staff had worked hard to transfer personal plans to a new electronic system and had completed these to a high standard. We provided feedback that would further support the development of these to the same consistent standard. Plans were regularly evaluated and updated where there were changes in people's needs. Some could be further developed to contain the same standard of detailed information. People living in the home and their family or representatives should continue to be fully involved in the development of personal plans and decisions about their current and future support needs.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.3 People can be connected and involved in the wider community	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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