

## Queens Bay Lodge Care Home Service

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Edinburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
2 September 2022

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003010907

## About the service

The service is a residential care home which is registered to provide care and support for up to 28 people, two of whom may be receiving respite (short break) care. During our visit, 20 people were living in the home. The service sits in private grounds on the outskirts of Edinburgh. It is on the main site of the providers Edinburgh headquarters, near a bus stop for access to the city as well as local shops.

The accommodation is set over two floors, with a lift to allow people access to the first floor and the ground floor provides two communal sitting areas, dining room as well as bedrooms.

Each bedroom is single use only, has an en-suite toilet and wash hand basin. In addition, the home has two shared, accessible bathrooms and toilet facilities. There are separate laundry and kitchen areas as well. A patio area at the rear of the home is securely enclosed, with large open gardens to the front of the building, these are not secure.

The home is owned by Crossreach, the social care arm of the Church of Scotland. Crossreach is a registered charity.

## About the inspection

This was an unannounced inspection which took place on 29th and 30th August. 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 2 people using the service
- 4 members of their families
- Spoke with 5 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two visiting professionals

## Key messages

- Peoples health and wellbeing needs were being met
- People experienced care from staff who knew them
- People were visited by their families and friends in the home
- The home provided a warm ,clean , welcoming environment
- Improvements in the home were guided by a positive attitude to quality assurance , recognising where additional work was required

## 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

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

In this area we evaluated the service as good with important strengths and with some areas for improvement.

During the inspection we observed caring and kind interactions between the staff and the people. Staff knew the people well and there was a calm atmosphere throughout the home. The electronic care plan system staff used to support the people provided a well rounded picture of how people like to be cared for. We observed the people's rooms to be homely, personalised, containing items important to them fitting to their style and wishes.

People's health was monitored by staff and they were supported to access care services as necessary. The GP, dentist, dietician, podiatry and District Nurse all visit the service as required, with one professional telling us "everybody is really caring". This approach helps keep people well and ensures their health needs were being met.

The service use an electronic system to complete care plans as well as adding daily interactions to this. The plans were person centred, with clear guidance to staff on people's preferences. We observed this was split into morning, daytime and evening routines. Staff have access to devices to update the plans and daily notes. One person who lives in the home told us 'it's wonderful here'. This meant staff knew people well and that their health and wellbeing needs were being met.

Management in the service recognised that 6 month reviews had not been undertaken regularly, this was identified in their development plan. However, staff were taking opportunities when family visited as well as contacting them to ensure plans were being updated and reviewed. This allowed for good communication with families and for people's health and wellbeing needs to be reviewed at regular intervals.

We observed the people over lunchtime and their dining experience. Sixteen people went to the dining room, they were offered their preference on where they wished to be seated. There were menus which displayed main meals, as well as snacks on entering the dining room. One person during lunch did not wish their first choice and was offered an alternative. The kitchen staff were quick to respond to this request. There was a variety of drinks available to choose from.

There was no sense of rush and staff took time to encourage and support people. The dining room was light, bright and spacious and the tables were clean, however we noted no tables were decorated and there was no menu or condiments. We suggested that using these items would enhance the mealtime experience for people.

Meaningful activity is an important aspect of health and wellbeing. The service has a temporary carer working in the role of activity planner, we did not see any planned activities on the wall planner, this is an area the service plan to reinstate. During the inspection we observed a singer entertaining residents. We observed a carer undertaking a craft activity and 1.1 activity within the garden. Families told us, 'my husband likes the ball games and being out in the garden'.

We also saw evidence of other previous activities including a visit from Prince William. One person was celebrating her birthday during our inspection with celebration cake arranged.

We also saw the activity that staff recorded on the Facebook page for families to access and fulfilling and meaningful relationships were evident with staff and volunteers. The mobile library attends the home to support residents who are keen readers. These activities all enhance the wellbeing of the people in the service.

Over the period of the two day inspection, as well as during the lunchtime observation we noted the call system being answered promptly.

Medication was administered by staff to people as prescribed and was kept in a locked trolley in a locked cupboard. The service has moved to using medication in it's original packaging since the last inspection. Some people were prescribed topical medication and we observed the TMAR sheets to be out of date, we recommend that these be updated for people. This will help reduce the risk of errors and will keep people well.

We observed families and friend visiting loved ones. The service are following the 'Open with Care' document relating to visiting. Families told us they were able to visit when they wished to, usually calling in advance. One family told us the 'bring the family pet to visit'. Staff are being encouraged to read new policies and sign to state read and understood. This included most recent guidance from Open with Care and PHS Covid-19 information and guidance for care home settings. This has helped strengthen staff practice to keep people healthy and safe.

We observed that staff consistently use appropriate Personal Protective Equipment (PPE). Masks are worn at all times and additional PPE used for personal care. There were PPE stations located within the home and these contained a supply of products required. The home was clean and free from unpleasant odours.

There were systems in place to ensure cleaning schedules were recorded. Schedules were in place to ensure in place to ensure all communal and resident's rooms were deep cleaned and signed for every month.

Schedules indicated bedding being changed on a weekly basis or sooner if required. Cleaning schedules clearly state what products should be used for each task. There was a policy in place for the decontamination of rooms following positive Covid-19 cases, with enhanced cleaning records being kept during Covid outbreaks. These measures helped people stay well and free from infection.

### How good is our leadership?

**4 - Good**

We evaluated quality assurance and improvement is led well, as good. The service has visible strengths with areas where these can be further improved and developed.

There was evidence of regular PPE and handwashing audits taking place, and we saw evidence of Covid risk assessments being undertaken. Infection prevention control audits take place twice daily, observing hand hygiene, plus encouragement of the people to do this. Schedules were in place to ensure cleaning in relation to the environment, including all communal and peoples rooms. Cleaning schedules clearly state what products should be used for each task. These measures ensured people experienced a safe environment.

There was a complaints procedure, flowchart with associated timescales for completion and policies were in place regarding accidents, incidents and near misses, together with guidance for staff. The service had noted a theme of increased falls.

A falls cross was completed every month with location and person noted to assess patterns. Post falls forms were also being completed for every fall. This approach helps inform practice.

Staff and relatives told us management was approachable and that staff have regular contact with families to keep them updated. The service has recognised in the development plan the need to reinstate both the relatives meetings and stakeholder involvement. These approaches will help inform and shape the service for the people. We will monitor this at our next inspection.

We observed evidence of two supervision records as well as speaking with staff during our inspection, who told us, 'I am not to sure when my last meeting was'. Staff were unsure when the last team meeting had been held but told us there were daily 'huddle' meetings where there was open discussion. Staff also were able to approach the manager, telling us 'manager has always been approachable' and 'I can approach any of the team supervisors with ideas or concerns'. Management had already recognised this as an area for improvement in their plan and were taking action to resolve this. This will mean staff will have allocated time for learning, development and maintenance of their own wellbeing. We will monitor this at our next inspection.

## 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

Staff and management should respond to call buzzers promptly to ensure the safety of people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am confident that people respond promptly when I ask for help" (HSCS 3.17).

**This area for improvement was made on 2 August 2022.**

#### Action taken since then

We observed over the period of the inspection that call buzzers were responded to quickly by staff.

We would determine this Area for Improvement to have been met.

#### Previous area for improvement 2

The provider should ensure that any assessments and decision-making processes for the administration of covert medication follow the current guidance and pathway of the Mental Welfare Commission. This should include regular and documented reviews.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "Any treatment or intervention I might receive is safe and effective" (HSCS 1.24); and "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account" (HSCS 2.12).

This area for improvement was made on 2 August 2022.

#### Action taken since then

We saw the service had no people on covert medications during our inspection visit but there was documentation and a process in place should this be required.

We would determine this to be met but will monitor at our next inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good



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