

# Colinton Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
24 October 2022

**Service provided by:**  
Whitefield Nursing Home Limited

**Service provider number:**  
SP2018013102

**Service no:**  
CS2016346125

## About the service

Colinton Care Home is a care home for older people and is registered to provide care for 53 older people. The provider of the service is Whitefield Nursing Home Limited, part of the Four Seasons Group.

The service is located in a residential area in the south-west of Edinburgh. The building is set in private grounds with its own parking and is close to local services and public transport to the city centre. The accommodation is on three floors. All bedrooms have en-suite toilet and wash hand basin facilities. There are shared toilets and bath/shower rooms on each floor. Shared lounge and dining room facilities are provided on each floor, and there is a hairdressing room on the ground floor. The garden and patio areas are easily accessed from the ground floor of the home.

At the time of the inspection, there were 52 people experiencing care in Colinton Care Home.

## About the inspection

This was a full inspection which took place from 13 October 2022 to 20 October 2022. A site visit to the service took place on the first three days of the inspection. 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 seven people using the service and five of their family members
- spoke with ten members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- People's health and wellbeing needs were being met.
- People experienced warm and gentle care from staff who knew them well.
- People's wellbeing benefitted from regular activity although further work was required in this area.
- People received regular visits from friends and relatives due to the home following the Scottish Government's 'Open with Care' guidance.
- The home was clean and welcoming.
- Improvements in the home were guided by a positive attitude towards quality assurance.
- Family members and other professionals we spoke with commented favourably about the high standard of service people received.

## 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?	5 - Very 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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff interactions with people experiencing care were warm, gentle and encouraging. The home had a welcoming and friendly atmosphere. Relatives we spoke with confirmed this had informed their decision making when choosing a home for their loved ones. Assessments of people's needs regularly took place which informed staffing levels in the home. People's wellbeing benefitted from regular interaction with trained staff who knew them well.

Staff treated people with dignity and respect and were focussed on achieving the best outcomes for the people they were caring for. Care was delivered at a pace suitable for each person. Staff worked hard to create a positive environment which was also noticed by visitors to the home. One family member commented:

"if they're passing, they always pop their head in and say hello or give us a wave.... even the domestic staff pop in and say hello".

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

Medication systems were very good. The administration of medication was well structured and areas for storing medication were clean and tidy. People were supported to store their medication in their rooms which gave them a sense of ownership. This practice helped reduce errors in the administration of medication and kept people well as a result.

People enjoyed coming together for meals. Staff were committed to ensuring that meal times were relaxed, enjoyable and sociable. People were offered alternatives if choices available were not to their taste. The dining process was quality assured to ensure any issues identified were resolved. Regular meetings ensured that people experiencing care were involved in this process. People's health and wellbeing benefitted from the provision of high quality and well presented food. We suggested that making use of warming plates would enhance the dining experience for some people.

Visiting was free from appointments and in line with the Scottish Government's 'Open with Care' guidance. People told us they valued the home having an unrestrictive visiting policy. People were able to leave the home to spend time with people who were important to them. Staff spoke passionately about the importance of people maintaining contact with friends and relatives and how this promoted positive wellbeing for people.

People could also visit with pets and we saw a number of visiting pets during the inspection. One lady lived with her cat in the home which was important to her. People told us how much they enjoyed pets being in the home. This approach created a homely atmosphere and had a positive impact on people's wellbeing.

Activities involved all care staff but were led by a small team of activity staff. People's preferences for activities were noted in their personal plans. People were provided with a monthly activity plan which

included physical exercise classes and group trips out of the home. We observed skilled activity staff carrying out events that people enjoyed. Relationships between people experiencing care were developed as a result of well provided activities.

One to one activities were also offered and took place in people's rooms. Staff were mindful of offering one to one activities at weekends when others were receiving visitors. This ensured that everyone in the home was kept occupied.

The activity team had undergone recent changes and as a result, activities were limited. We recommended increasing the number of daily activities available for people, incorporating at least one physical activity each day. The service had already identified this as needing attention and had plans in place to increase the provision of activities.

### How good is our leadership?

**5 - Very Good**

We found significant strengths in the leadership of the service and how these supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

The service demonstrated a positive attitude towards quality assurance. A wide range of quality assurance audits were carried out by managers and senior managers. Accidents and incidents were regularly audited as a means of making improvements to the service provided. Regular infection prevention and control audits ensured people experienced a safe environment.

Regular emails informed relatives of developments in the home and encouraged their involvement in shaping the service. Relatives praised the depth of communication from managers. One family member told us:

"they're really good at phoning me up and letting me know what's happening.... I'm not there 24/7 so rely on them for current information".

Customer satisfaction surveys regularly took place which helped identify further areas for improvement. Systems for gaining feedback had recently been reviewed and people experiencing care and their relatives now had a range of options available to them to submit feedback. Regular meetings for relatives and for those experiencing care provided further opportunity to be involved in the development of the service. This approach meant people could have trust and confidence in the service.

A range of team meetings regularly took place. This ensured staff in all roles contributed to the development and improvement of the service. Staff were given positive feedback at team meetings and staff told us they felt valued by managers. Staff felt managers were supportive, approachable and understanding. This promoted a positive culture of transparency and accountability.

A service development plan was in place. This pulled together the range of quality assurance measures in place and ensured the manager kept oversight of the positive development work happening in the service.

### How good is our staff team?

**5 - Very Good**

We found significant strengths in relation to staffing and how these supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

The recruitment of new staff was carried out in a safe manner with systems in place to reduce risks to people experiencing care. Induction processes emphasised training and ensured staff felt equipped to start supporting and caring for people effectively. People were kept safe as a result of good induction processes.

Staff completed training that was relevant to their roles. Training records were kept and evidenced a high level of completion of courses, although some areas required further attention. Training had been delivered in areas such as dementia awareness, safeguarding, tissue viability and pressure ulcer prevention. The home made good use of external resources to ensure training delivered to staff was in line with current best practice. People experienced care from well trained staff who were knowledgeable about their health related issues.

Staff carried out their duties in a way that demonstrated an understanding of the training they had received. Conversations with staff also evidenced their knowledge in caring for people. Staff spoke very positively of their work and told us they were proud to work in the home. Staff told us they were inspired by the people they worked alongside and that this helped them focus on how to develop themselves. This demonstrated a very positive culture in the home of self-development which enhanced good outcomes for people.

Staff engaged in regular supervision which gave them an opportunity to talk about their development. Staff spoke positively of the process of supervision where they felt able to bring up anything positive or negative about their work and life outside of the home. They felt valued and a sense of commitment towards the home. This helped with the retention of staff and meant that people were regularly cared for by staff that they knew.

Although there were many teams across the home, we saw that everyone worked together as one big team. Daily flash meetings helped establish this culture as all teams within the home had a good awareness of where assistance may be required. Family members also viewed the staff team positively. One relative told us:

"I think they all do a remarkable job. Any time of day or night that I call, there's nothings that's an issue for them".

## 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.

We considered the environment to be enabling for people experiencing care. The building was warm, comfortable and airy. People could make use of indoor communal areas and support was given to people to access these if required. People could access outdoor spaces where they could receive visitors or socialise with other people experiencing care. This resulted in relationships being formed which led to a better quality of life for people.

Care equipment was subject to regular maintenance checks to ensure items continued to be safe for people to use. Staff had received training on how to use specialised equipment. This ensured that people were kept safe from potential injury.

Auditing measures were in place relating to the upkeep of the building. The building was clean, tidy and peaceful with no intrusive noises or smells. Enhanced cleaning schedules were in place with special attention paid to frequently touched points such as door handles, light switches and railings. We pointed out that some chairs needed steam cleaned and that some were marked due to the cleaning products being used. The service agreed to take remedial action during the inspection.

Food preparation areas were clean, tidy and well ventilated. The laundry was clean and well managed with systems in place to safeguard people's clothing. These systems ensured that people's dignity and respect was protected.

Repairs were well managed and carried out promptly. Relatives we spoke with praised the attitude of the home's maintenance staff. An environmental audit had resulted in an improvement action plan. These actions helped provide a more pleasant living environment for people and improved their wellbeing outcomes.

### How well is our care and support planned?

**4 - Good**

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

Personal plans contained comprehensive information. Guidance was clearly available for staff to follow to ensure people's needs were being met. Where risks were identified, assessments had been carried out to ensure risks were reduced. This helped people remain as independent as possible whilst ensuring they remained safe.

Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with DNACPRs completed when this was people's chosen outcome. Contacts for relevant health professionals and family members were noted in plans, meaning people could be quickly contacted when issues arose.

Reviews of people's care and support needs were being carried out on a monthly basis. Personal plans were also audited by managers every month. Where information was missing or out of date, this was identified and actions were taken to resolve the matter. When people's health needs had changed, personal plans and risk assessments were promptly updated. This ensured care and support delivered was responsive to people's changing needs.

We identified that some plans would benefit from better cross-referencing. Positional charts required additional information and the service informed us of their plans to rectify this. The content of daily running notes also needed further attention. We found that some six monthly reviews were outstanding and highlighted this to the service for action.

## 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

People should be able to maintain and develop their interests and activities in a way that is meaningful for them. People who choose not to, or are not able to participate in group activities, should have opportunities for social activities and be supported to pass their time in meaningful ways. To support this, the provider should ensure that:

- people's social and activity choices and preferences are recorded and reviewed, especially when there is a change in their condition or abilities,
- where people are offered or participate in social activities, this is recorded in their care plans. This will support evaluation of care and help staff to ensure that people are offered regular and meaningful ways to spend their time, and
- review and improvement of the social opportunities for those who stay in their rooms or are unable to participate in groups takes place. This could include the deployment of activity staff and involvement of care staff in order to be able to offer social opportunities for people on a regular basis.

This is to ensure care and support is consistent with 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) and "I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

**This area for improvement was made on 5 August 2021.**

#### Action taken since then

There had been an improvement in the provision of activities since the last inspection. People's personal plans included information about their interests and this helped activity staff formulate activity plans. A 'wishing well' venture was in place where people experiencing care identified activity related goals they wished to achieve. The service evidenced where these had been met and we saw that further plans were in place for others to achieve their wishes.

Monthly reviews of activities were taking place and were evaluative in nature. The logging of activities had improved.

For further information regarding activities, please see section 1 of this report 'How well do we support people's wellbeing'.

We consider this area for improvement to be met.



## Previous area for improvement 2

People should have personal plans that reflect their needs and wishes and how these are to be met. To support this, the provider should ensure that documentation including social/activities related documentation, palliative/end of life care and long term conditions care plans and reviews are completed when people's needs and wishes change. The plan should contain meaningful information relating to people's individual needs and wishes. People, and those important to them, should be involved in evaluations of care and reviews/changes to planned care.

This is to ensure 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).

**This area for improvement was made on 5 August 2021.**

### Action taken since then

End of life / palliative care arrangements in personal plans were sufficiently detailed to take account of people's full needs and wishes in this area. People's care needs were reviewed on a monthly basis and this was reflected in their personal plans. These were detailed and evaluative in their nature.

For further information regarding care and support planning, please see section 5 of this report 'How well is our care and support planned'.

We consider this area for improvement to be met.

## 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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	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?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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