

Elsie Inglis Nursing Home Care Home Service

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EDINBURGH
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Telephone: 01313857504

Type of inspection:
Unannounced

Completed on:
16 January 2023

Service provided by:
Holyrood Care (Edinburgh) Ltd

Service provider number:
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Service no:
CS2021000305

About the service

Elsie Inglis care home is part of Peacock Medicare. The home is registered to provide support for 49 people. The home provides nursing care. Elsie Inglis is set within the original Elsie Inglis Memorial Maternity Hospital, from which it now takes its name. The home is situated near to Holyrood Park, with panoramic views of Arthur's Seat and Salisbury Crags with private access to the many paths and features of the Royal Park.

Peacock Medicare state: 'our philosophy is to provide skilled and empathetic nursing care to those residents living within our homes.'

About the inspection

This was an unannounced inspection which took place on 16 January 2023 between 09:30 and 3.30pm. The inspection was carried out by two inspectors from the Care Inspectorate. The focus of this inspection was to assess what action had been taken to meet the requirements and areas for improvement made at the inspection completed on 23 August 2022. This report should be read in conjunction with the report dated 23 August 2022. We did not reassess the grades at this inspection.

Key messages

- Improvements had been made since the last inspection with the two requirements now met.
- Further work was needed to ensure all information cross references across care planning and is accurate.
- Further thought needs to be given as to how to engage people in activities meaningful to them.

How well do we support people's wellbeing?

Personal plans contained information about health, preferences and recorded any professional visits. The plans contained person-centred information reflective of people's care and support needs. However, there were often gaps in the information being able to be cross referenced to all care documentation. For example, information in medication records would be slightly different from those held within the care plan, medication protocols to support people with stress and distress did not reflect the information within the support plan. This may lead to inconsistent staff practices. For people who were in the care home on an interim basis awaiting care packages, there was a lack of accessible information about how to support them and maintain their independence. (See area for improvement 1)

New activity plans had been introduced. These highlighted people's interests, hobbies and activities they would like to take part in. However, several people we spoke with did not want to take part in structured activities but also said they found they were bored sitting in their rooms. Further thought needed to be given in how to engage people meaningfully in activities they want to do. Activities should also be assessed on a regular basis to ensure people are engaging with these and if not, alternatives sought. This would include spending one to one time with people in their rooms. (See area for improvement 2)

Areas for improvement

1. Care planning documentation should accurately reflect care provided, be consistent across all records and give clear instruction to all staff. For people staying in the home on an interim basis the personal plans should include consistently recorded information on how to maintain independence and support rehabilitation.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

2. People supported have an opportunity to engage in meaningful activities to them and socialise with others in the home. All activities should be assessed and be adapted or changed when someone no longer wishes to take part in these. Reviews of care and support should include an overview of activities with identified actions.

This is to ensure care and support is consistent with the health and social care standards which state: 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

People should have confidence that staff know how to care and support them, taking accounts of their needs and wishes. The provider must demonstrate that the service has systems in place, to ensure that the needs of individuals are regularly assessed, monitored, and adequately met.

In order to achieve this, by 1st November the provider must ensure:

- people's plan of care accurately reflects their health and care needs
- the care personal planning process is used to improve people's experiences and outcomes taking account of what matters to them
- relatives and visiting professionals and those important to their care and support are fully involved in the care personal planning process
- records of care are accurately recorded. This includes but is not limited to, oral care, continence, personal care, repositioning, food and fluid
- that planned support is accurate and fully implemented when people have specific health needs including, in stress and distress, communication, pain, falls, moving and handling, nutrition, skin care and pressure ulcer care
- that managers monitor and audit of health needs robustly the personal planning process, including developing action plans and timescales for improvements needed.

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

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice.

This requirement was made on 23 August 2022.

Action taken on previous requirement

Since the last inspection personal plans have significantly improved. Information was generally reflective of people's care needs. Associated risk assessments had been introduced to enhance the care planning process and there was an overview of this through audits of care.

Reviews of support had been completed with family being fully involved in these. We saw detailed records of health professional visits.

Whilst there was improved personal planning and care documentation, some aspects of these did not cross

reference to each other, we have therefore made a new area for improvement about this under Key Question 1. However this requirement was met as there was sufficient evidence to show that improvements identified had been put in place.

Met - within timescales

Requirement 2

The provider must ensure outcomes for people experiencing care reflect preferences, care needs and engagement in activities. In order to achieve this, by 1 November 2022 the provider must ensure that:

People (service users) supported have an opportunity to engage in meaningful activities.

Staff receive support and training on meaningful engagement.

Personal plans include information on hobbies, interests and how these are supported.

Records of activities are introduced and evaluated, which link into any review of care.

This is 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). This is also to ensure care and support is consistent with the health and social care standards which state: 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.

This requirement was made on 23 August 2022.

Action taken on previous requirement

Each person had a full and comprehensive activity plan in place. This included hobbies, interests and any planned activities they would like to take part in. All staff had received training on meaningful engagement, however at the point of inspection the home was advertising for a new activity coordinator.

Whilst there had been improvements in supporting people engage in some activities further work was needed to ensure each person was supported in a meaningful way to them. We have therefore made an area for improvement about activities under Key question 1. However this requirement was met as there was sufficient evidence to show that improvements identified had been put in place.

Met - within timescales

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 ensure people are supported appropriately in a meaningful way, all staff should be consistent in their approaches to people who exhibit stress and distress. This would include de escalation techniques, what leads to the person becoming upset, and in what circumstances to administer prescribed medication. All of which would be recorded in their personal plan.

Where as required medication was prescribed for pain, there should be clear instructions in the personal plan in what circumstances this was to be administered. This would include a pain assessment. How pain presented and if the medication was successful in relieving pain.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 1.15 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. 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 23 August 2022.

Action taken since then

All staff had received training on stress and distress. Personal plans contained information on how to support individuals should they become upset, and what techniques to use to support them. Where any as required medication was part of the support for an individual, this was detailed through medication protocols and within the personal plan. This area for improvement has been met.

Previous area for improvement 2

To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved.

- The system effectively enables areas for improvement to be promptly and accurately identified.
- Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- Staff completing audits receive training, to ensure that audits make improvements to the service.

This is in order to comply with the Health and Social Care Standards 4.1: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 23 August 2022.

Action taken since then

The management team completed regular audits. These fed into an improvement plan for the service. The improvement plan included actions, identified timeframes and responsibilities. This area for improvement was met.

Previous area for improvement 3

All staff should have the opportunity to be given feedback and reflect on their practice. This informs the training plan and ensures staff development which improves outcomes for people living in the home.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 4.25 I am confident that people are encouraged to be innovative in the way they support and care for me, and 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 23 August 2022.

Action taken since then

Staff meetings, surveys and one to one supervisions had been introduced since the last inspection. Whilst these were a work in progress, we could see that staff were given the opportunity to give feedback which would link to future training plans. Staff had also started the yearly appraisal process, reflecting on their role and practice over the last 12 months. The appraisals we saw were well written and reflective. This area for improvement was met.

Previous area for improvement 4

A full management overview of training should be undertaken, this would include training to be sourced for staff where people are admitted on short term care with any underlying health or life limiting condition. Training should link into one to one supervision, be reflective of residents needs and staff be given the opportunity to reflect on their learning through observed competency checks.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 4.27 I experience high quality care and support because people have the necessary information and resources.

This area for improvement was made on 23 August 2022.

Action taken since then

Staff training had been developed and improved since the last inspection. However this remained a work in progress. Further work was needed to link staff one to one support and reflective practice to training, ensuring a cycle of improvement and competency. This area for improvement has been carried forward.

Previous area for improvement 5

To ensure people are supported appropriately in a meaningful way, all staff should be consistent in their approaches to people who exhibit stress and distress. This would include de escalation techniques, any triggers to the distress and what leads to the person becoming upset, all of which would be recorded in their personal plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 1.15 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. 1.23 My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 23 August 2022.

Action taken since then

All staff had received training on stress and distress. Personal plans contained information on how to support individuals should they become upset, and what techniques to use to support them. This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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