

## Eastbank Nursing Home Care Home Service

98 Gartocher Road  
Shettleston  
Glasgow  
G32 0HA

Telephone: 01417 788 668

**Type of inspection:**  
Unannounced

**Completed on:**  
29 August 2023

**Service provided by:**  
HC-One No. 1 Limited

**Service provider number:**  
SP2016012770

**Service no:**  
CS2016349798

## About the service

Eastbank Care Home is registered to provide a care service, with nursing, to a maximum of 70 older people. The service is provided by HC-One No. 1 Limited.

The home is a modern, purpose-built building with en suite accommodation over two floors with lift access between them. There have been changes made to the environment which is composed of three units each with their own living and dining areas.

On the upper floor there are two units for older people living with dementia: 14 bedrooms in the Brandon unit and 18 bedrooms in the Goudie unit. On the ground floor, Wasell is a unit with 33 bedrooms for older people, some of whom may have dementia or cognitive impairment. At the time of the inspection, there were 61 people living in the service.

The home is situated in a residential area of Shettleston, in Glasgow, close to local amenities and public transport. There is a small car park to the front of the home and enclosed gardens to the rear.

One of the service's mission statements is: "Our company is built on the principles of involvement, accountability and partnership. We want HC-One homes to be the kindest homes in the UK with the kindest HC - staff, where each and everyone matters and each and everyone can make a difference."

## About the inspection

This was an unannounced follow up inspection to check progress made from the inspection completed on 26 April 2023. The inspection was carried out by one inspector 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 throughout the inspection year.

To inform our evaluations, we spoke with six people using the service, four relatives, a community psychiatric nurse, nursing and care staff. We also interviewed the registered manager and depute.

## Key messages

- The management team had put in place measures to prevent unnecessary restriction being placed upon people living within the service.
- People using the service, and relatives spoken with, were happy with the care and support provided.
- Staff communications and interactions had improved with people benefiting from a nurturing and empowering approach used by staff.
- Staff should be developed by using reflective accounts following training and have further observations of practice.

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

### Requirements

#### Requirement 1

By 1 August 2023, the provider must ensure there are no undue restrictions placed upon people's freedom. The management team should adopt robust monitoring systems to ensure handsets, call systems and other equipment for the safety and wellbeing of people when in bedrooms are always in place.

This is to comply with Regulation 4(1)(a) Welfare of users and Regulation 15(b)(i) Staffing of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am empowered and enabled to be as independent and as in control of my life as I can be" (HSCS 2.2) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

**This requirement was made on 26 April 2023.**

#### Action taken on previous requirement

We inspected a number of bedrooms and found that there was a range of equipment in place for people to call staff when they required assistance. For people who would not be able to use call systems, infrared beams were positioned next to their bed to alert staff when they required assistance.

Improved monitoring systems had been employed by the introduction of night shift checklists to ensure appropriate equipment was in place. Further checks were carried out by the depute when they came on shift and opportunities to review the ongoing use was discussed at daily flash meetings with the management team.

#### 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

The provider should ensure that staff undertake training and development to facilitate communication when supporting people who are living with dementia. Staff observations, feedback and reflective accounts should be used to promote good practice when providing support.

This is to ensure that 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).

**This area for improvement was made on 26 April 2023.**

#### Action taken since then

Progress had been made in meeting this area for improvement. All nursing and care staff with the exception of two staff members had completed Promoting Excellence Informed level training. This training is designed to help staff gain insight into the experiences of people living with dementia and help them facilitate communication.

Two staff had completed Promoting Excellence Dementia Coaching training and had planned further training sessions with staff. This approach will guide staff practice. Training sessions had been provided for staff using equipment which replicated the sensory impairments people living with dementia may experience. We heard how this helped staff gain valuable insight.

We observed staff interactions with people living within the service and noted staff worked at a suitable pace, communicated clearly and provided support in a warm and nurturing way.

Further work was needed to capture feedback from training attended including reflective accounts, and direct observations of practice should be recorded. This will be monitored at the next inspection.

**This area for improvement has been met.**

#### Previous area for improvement 2

Daily recordings that support people's wellbeing must be completed accurately, evaluated throughout the day and care and support adapted as necessary.

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 that I experience is safe and effective" (HSCS 1.24).

**This area for improvement was made on 26 April 2023.**

#### Action taken since then

Good progress had been made in meeting this area for improvement. People who had been identified as being at risk of unintentional weight loss and dehydration had monitoring charts in place. These reflected

target amounts for staff to follow on a daily basis. Completion of charts had improved from the previous inspection. The charts reflected people were regularly offered food and drinks throughout the day.

Day shift checklists and flash meetings held with the management team had also been effective for checking that appropriate monitoring had been carried out by staff.

**This area for improvement has been met.**

### Previous area for improvement 3

To ensure people being supported are adequately protected, the recruitment of staff should follow the good practice guidance: Safer Recruitment Through Better Recruitment. This should include ensuring robust pre-employment checks are carried out.

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 who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

**This area for improvement was made on 26 April 2023.**

#### Action taken since then

We sampled three staff files from the most recently recruited staff into the service. These contained information relating to pre-employment checks and followed Safer Recruitment Through Better Recruitment guidance.

**This area for improvement has been met.**

### Previous area for improvement 4

The service should ensure that each care plan is fully up-to-date, reflects the current needs of each person, is regularly evaluated and includes minutes of review meetings.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 26 April 2023.**

#### Action taken since then

Electronic care planning was due to be implemented imminently. Work had been carried out to update care plans, assessments and associated material before transferring the information onto electronic care plans. There had been improvements made with the quality of assessments which better informed care plans. Regular evaluation of the effectiveness of interventions had been recorded.

Minutes of review meetings were in place. These should be developed to better reflect the often good outcomes achieved as a result of the support and care provided.

**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](http://www.careinspectorate.com)

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Compass House  
11 Riverside Drive  
Dundee  
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