

## Erskine Home Care Home Service

Erskine Ferry Road  
Bishopton  
PA7 5PU

Telephone: 0141 814 4733

**Type of inspection:**  
Unannounced

**Completed on:**  
5 September 2023

**Service provided by:**  
Erskine Hospital

**Service provider number:**  
SP2003000260

**Service no:**  
CS2003010196

## About the service

Erskine Home is registered to provide care for up to 180 older people some of whom will be living with dementia.

The home is situated on a large campus just outside the town of Erskine.

The service comprises six individual houses, each with 30 single ensuite bedrooms. Each house has sitting and dining areas, kitchen facilities and a selection of bathrooms. Three of the houses are specifically for residents with a diagnosis of dementia.

A central reception area provides access to the houses, a café area, a recreation and activity department, gym and therapy areas, bank, and hairdressers.

The home employs nursing and care staff supplemented by allied health professionals (AHPs) including advanced nurse practitioners, a speech and language therapy team, podiatrist, and physiotherapists. This enhances the range of care and treatment available for residents.

Facilities management is in place for all housekeeping, catering, laundry, waste management, gardening, and buildings maintenance.

Enclosed, well equipped gardens are accessible throughout the year.

Erskine Home states that it aims to be 'committed to providing the very highest standard of care and a true sense of belonging for each and every resident within a friendly, homely environment.

## About the inspection

This was a follow up inspection to look at requirements resulting from a complaint. The inspection took place on 5 September 2023. The inspection was completed by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service including the action plan that was submitted by them. In making our evaluations of the service we spoke with one member of staff, five members of the management team and we also reviewed documents.

## Key messages

Good progress was noted with the requirements made at the last complaint visit.

## How well do we support people's wellbeing?

We noted the progress made with the requirement resulting from the complaint visit relating to the implementing a system for pain assessment and management. In our discussions with the management team and from our review of the records we could see that further progress could be made to ensure consistency amongst staff in the use of the pain assessment tool and the recording of this information to support clinical decision making. This has been restated as an area for improvement.

We confirmed progress had been made in terms of the requirement relating to staff recording the clinical rationale for the administration of medication during end of life care. In our discussions with the management team and from our review of the records we could see that further progress could be made through the development of policy and procedural guidance and support for staff to ensure competence in decision making around the administration of medication during end of life care. This requirement has been restated as an Area for Improvement

## Areas for improvement

1. To ensure people can be confident in the care provided, the provider should further develop the guidance and support for staff in the assessment and management of pain and the use of the pain chek tool.
2. To ensure people can be confident in the staff supporting them, policy/procedural guidance should be developed and shared with staff to ensure competence around the administration of end of life medications.

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

### Requirements

#### Requirement 1

For the safety and wellbeing of people experiencing care, an effective falls prevention and management system must be in place and followed at all times. In order to achieve this the provider must ensure, as a minimum:

- a) all staff are familiar with and adhere to the policy on falls prevention and management and the associated falls pathway.
- b) ongoing monitoring and clinical observations are completed and recorded in line with the falls pathway.
- c) appropriate action is taken to seek medical advice and guidance for people who have experienced a fall resulting in an injury.
- d) accident and incident reports are fully completed.

**This requirement was made on 9 June 2023.**

#### Action taken on previous requirement

We viewed the records from two of the houses which confirmed that the falls management and prevention policy had been circulated, read, and signed off by staff. Care records offered good evidence of staff consulting internally with colleagues including the unit managers and advanced nurse practitioners (ANP) and externally with health professionals, when a resident had sustained a fall. The Director of Care confirmed that audits showed an increased use of the ANPs in supporting decision making around resident care and this was confirmed from our review of the records. Accident and incident reports had been fully completed and offered a detailed account of the actions taken by staff. We found that staff were updating risk assessments appropriately after residents had sustained a fall.

We noted in one example that staff had completed initial observations on a resident who had sustained a fall however we were not able to view recorded repeat observations which had been made in the time leading up to their transfer to hospital. We discussed this with the Director of Care to reiterate that all staff should be reminded of the importance of documenting initial and repeat observations in line with service policy and procedure.

Overall, we were satisfied that good progress had been made and that this requirement had been met.

**Met - within timescales**

## Requirement 2

For the wellbeing and comfort of people experiencing care, a system for pain assessment and management must be implemented. In order to achieve this the provider must ensure:

- a) all staff are familiar with the pain assessment policy and procedure
- b) all staff, including agency staff, are familiar with the use of the 'painchek' tool.
- c) pain assessments are completed, and care plans developed to demonstrate how pain is being managed and monitored.

**This requirement was made on 16 June 2023.**

### Action taken on previous requirement

There was good evidence to confirm that the pain chek protocol had been circulated, read and signed by all staff in the two units we sampled. The protocol offered clear guidance for staff on the use of the pain chek assessment tool to support clinical decisions around pain assessment and management. We noted however that there was some confusion around the availability and use of other pain assessment tools and to ensure consistency this should be clarified.

From our review of the care and clinical records we found good evidence of the pain chek tool being used. We were informed that all new staff starting in the service receive instruction on the use of the pain chek tool as a part of their induction. Where agency nursing staff are employed, they have been set up with the pain chek app to ensure they are able to access this without issue. At the time of the inspection, there was only one agency nurse working regular shifts and it was confirmed that they have established access to the pain chek app.

We found good evidence of staff using and reviewing assessments of people's pain using the pain chek tool. There was written evidence to confirm that staff were recording pain assessment information, and this was supported by a clear rationale behind actions taken. We noted one example however, where a pain chek assessment had not been completed and reviewed regularly and while staff recorded their interventions, we would have liked to see the tool being used to better support clinical decision making.

Overall, we found that progress had been made in meeting this requirement. From our discussion with the training and management team however we found that some work was still needed to ensure all staff were fully familiar with the pain chek app and the use of this in supporting the clinical assessment of pain. We have therefore restated this requirement as an area for improvement.

**Met - within timescales**

## Requirement 3

For the safe wellbeing of people experiencing care, records must demonstrate how people's needs will be met. In order to achieve this, the provider must ensure:

- a) records are accurate and sufficiently detailed, to reflect the care and treatment which is provided.

b) staff are familiar with and follow best practice, in respect of record keeping.

**This requirement was made on 9 June 2023.**

## Action taken on previous requirement

At the staff conference in May 2023 the Clinical Nurse Specialist delivered a session on record keeping to staff. In addition to this, scenario-based face to face training has been provided to nursing staff and senior carers which focussed on record keeping, staff responsibility and accountability linked to the codes of practice set out by the SSSC and the NMC. Best practice guidance issued by the NMC on record keeping and the RCN guidance have also been shared with staff. We confirmed from the review of the house manager meetings that record keeping had been a focus of ongoing discussion with staff.

We sampled care and clinical records and found that the overall standard of recording practice was good. Documents offered detailed relevant information on people's needs and the support and assistance required. From our discussion with the Quality Improvement team we found that work continues through the system of audit to ensure that care plans focus on person centred recording practice.

Overall, we were satisfied that good progress had been made in responding to this requirement and that staff had been supported to develop and improve upon recording practices. This requirement has now been met.

## Met - within timescales

### Requirement 4

For the health and wellbeing of people experiencing care, systems for the safe administration of medication must be in place. To achieve this the provider must ensure that:

- a) a record of the clinical rationale for administering 'just in case' (as required) medications is maintained.
- b) relevant staff have received training in the administration of 'just in case' medication and are familiar with the service policy and procedure on this.
- c) all controlled drugs must be witnessed and signed for at the point of administration. The policy should make clear the expectation that both staff must sign so they need the policy revised.

**This requirement was made on 9 June 2023.**

## Action taken on previous requirement

From our review of the care and clinical records we found evidence that staff were documenting the clinical rationale for the administration of medication during end-of-life care. However, the policies did not provide direct reference and guidance on the use of just in case medications or medications used at the end of life. We discussed this with the Director of Care who acknowledged this and confirmed that this would be reviewed to provide clarity for staff.

We were informed that NHS training on end-of-life care was being sourced and it was expected that this would cover the use of just in case medications however, no immediate date for this had been confirmed. Some staff had attended sessions at the staff conference in May 2023 which had been delivered by a representative from Ardgowan hospice and which focussed on pain management. None of the staff we spoke with on the day of our visit had attended in-house training or had received service guidance on the

use of just in case/end of life medications and this should be addressed in conjunction with the development of policy and procedural guidance.

Overall we found that some progress had been made in respect of this requirement however further work was needed to ensure this was fully met. This requirement has been restated as an Area for Improvement

**Met - within timescales**

## 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  
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Dundee  
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[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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