

# Davidson House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 August 2023

**Service provided by:**  
Salvation Army

**Service provider number:**  
SP2004005634

**Service no:**  
CS2003010901

## About the service

Davidson House is a care home registered to provide care to up to 40 older people. It is owned and managed by the Salvation Army and operates with a Christian ethos underpinning the care and support provided.

The home is situated in a residential area in south-west Edinburgh. There are local shops and amenities nearby and the area is accessible by public transport. Davidson House is set back from the main road. The home has a car park, two enclosed courtyards and an enclosed garden.

The accommodation is provided on two floors. It includes a dining room, a main sitting room, two small lounges, two further quiet rooms and a hairdressing room.

All bedrooms are single rooms with en-suite toilet facilities. There are communal bathing facilities and toilets throughout the home.

A manager, head of care, team leaders, care workers and ancillary staff support and care for people living in the home. Twenty four people were resident at the time of this inspection.

## About the inspection

This was an unannounced inspection which took place between 16 August and 24 August 2023. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service
- spoke with seven relatives of people using the service
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals

## Key messages

- The service had maintained good standards of cleanliness
- Staff were receiving ongoing support with their learning and development
- The service had made improvements to the information in people's care plans
- Risk assessments needed to be reviewed so that information was clearer to follow
- Adult support and protection procedures required improvement
- Capacity and consent sections of people's care plans needed reviewed
- Recording of food and fluid intake needed to be more consistent
- Staff competency checks and observations of practice needed to be carried out more regularly

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

## 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

Staff receive 'rooted in love' training on the values of the organisation. We observed some warm, caring and compassionate interactions with residents. There was a warm, friendly and welcoming atmosphere at the care home and people were included and valued for their individuality. People were benefiting from improvements in how most staff approached and engaged with them when they delivered care. We observed a few interactions which were less positive due to a lack of engagement while supporting people. Further guidance was needed to ensure all staff provided residents with a consistently positive care experience.

A visiting professional commented that the majority of staff 'had a lovely approach and showed patience and understanding'. Relatives consulted also commented positively about the support their loved one experienced. Comments included 'the staff show so much love and care' and they 'go way beyond the call of duty', 'so kind and caring.'

Information about people's ability to make decisions and those with authorised powers under legal proxies such as power of attorney were unclear and poorly recorded. Where a person is assessed as lacking capacity to give informed consent, documents should be signed by those with the authorised powers to do so. We have asked the provider to review the 'Mental Capacity' sections of each resident's personal plan so information relating to capacity and consent is clear and well documented. This is so that people can be assured that their care provider is promoting their best interests and involving the relevant people when planning their support (See area for improvement one)

Residents benefited from having a dedicated activities coordinator and chaplaincy service. There were lots of opportunities for residents to get involved in group activities, small group and individual activities. We saw people having fun and playing a variety of games and enjoying the music they requested. There was improved recording of activities people had participated in to demonstrate that they were getting the most out of life. Relatives commented positively about the difference this made to their loved ones wellbeing: 'It is amazing - since going into Davidson they have been out on barge trips, cycling activities, out for trips to the seaside, involved in the summer barbeque as well as other things - they have entertainers come in and have lots of music and arts and craft sessions. It is great having the Facebook group so we can see all the things they have been involved in.' We noted gaps in some of the activities sections of people's personal plans, particularly at weekends. Further improvements could be made to the way people's engagement in meaningful activities is recorded so that activity records link to people's expressed interests, choices and life histories. This meant that overall people were being well supported in getting the most out of life but there was scope for further improvement.

Improvements were required in relation to adult support and protection practice so all staff were competent in recognising, recording and reporting any issues affecting residents' wellbeing and safety. Not all staff demonstrated a clear understanding of Scottish Adult Support and Protection legislation. This meant that people could not have confidence that the procedures currently in place were robust enough to consistently promote their safety, protection and wellbeing (See requirement one)

Medication was well managed and the management team regularly audited medication. This meant that people could be assured that their care provider had effective systems in place to ensure their medication was stored, administered and recorded safely.

We received positive feedback from visiting health professionals about how responsive the service was in following advice and guidance from them to promote people's wellbeing needs. We heard that the management team communicated regularly and effectively with them when there were changes to people's health and wellbeing. This meant that people could be assured that their care provider was responsive in getting the appropriate professional supports for them when their needs changed.

The administration of prescribed creams was not being recorded consistently and some creams did not have opening dates. This is an important aspect of promoting good skin health and preventing skin damage. This meant that we could not evidence that people were being supported effectively with their prescribed creams to promote their skin health. (See area for improvement two)

People enjoyed their mealtimes in pleasant relaxed surroundings and mealtimes were unrushed. Snacks and drinks were served regularly, including fresh fruit and some home grown produce was used in meal preparation. People told us that they enjoyed their meals although there were certain dishes they preferred. People's dietary preferences were recorded and we saw that alternative options were available at mealtimes. Water jugs were placed in people's rooms to support regular fluid intake. We advised that these should be labelled with time and date prepared. Improvements had been made to the smaller dining area mealtime arrangements. This was conducive to a relaxed and sociable mealtime experience. Staff did not have easy access to information about people's nutritional needs during mealtimes. This was corrected during the inspection which allowed staff to meet people's individual needs at mealtimes.

The service monitored people's nutritional status, falls risks and risk of skin damage well using a range of monitoring tools. We found gaps in records of food and fluid intake records. It is important that staff record consistently to evidence that people's dietary needs and access to regular fluids are being fully met. (See area for improvement three)

People personal plans detailed any risks to them but it was difficult to ascertain what the current care plan was as there was conflicting information when plans had been added to. For example continence and catheter care plans and mobility plans were not written in a way which was clear for staff to follow the most up to date information about people's care needs and current abilities. The provider should audit the plans to ensure that any inconsistencies are addressed (See area for improvement four)

## Requirements

1.

By 20 October 2023 the provider must ensure people are safe and protected. To do this the provider must ensure that:

- All staff including managerial staff receive further training in adult support and protection and check that they have a clear understanding of Scottish Adult Support and Protection legislation and local area adult support and protection guidelines.
- Staff record any issues relating to the health and safety of residents competently and report any issues promptly to their line managers.

- Events relating to the safety and wellbeing of residents are reported in line with the timescales detailed in the notification guidance for providers of registered care services.
- All staff, including agency staff, are familiar with adult support and protection procedures and know how and when to report any issues of concern to the management team.
- Agency staff employed have the necessary skills, values and competencies to promote people's health and wellbeing needs.
- Observations of day and night staff practice and competency checks are carried out regularly, recorded, dated and signed.

This is to comply with Regulation 4 (1)(a) ( Welfare of users) 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 protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

## Areas for improvement

1. To support people's legal rights the provider should review and update the capacity and consent sections of people's care plans with all relevant information and supporting documentation.

This is in order 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)

2. To support people's skin health the provider must evidence that people are being effectively supported with their prescribed creams and staff are recording care interventions consistently.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that:

'My care and support meets my needs and is right for me. '(HSCS 1.19)

3. To support people's wellbeing the provider must ensure that staff are recording well and entering sufficient detail in people care records to reflect that their nutritional and dietary needs and preferences are being met.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that:

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected.' (HSCS 1.23)

**How good is our leadership?****3 - Adequate**

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

The management and leadership of the service had improved. Concerns from a relative had been responded to promptly and professionally. This meant that people could be assured that any concerns they raised would be taken seriously and responded to.

The assistant director for older people and quality assurance personnel had visited the care home on a regular basis to support necessary improvements. This was ongoing. Action plans were in place detailing progress made and any areas for attention/priority following the quality assurance visits. This meant that people could be assured that the quality of their care and support was being regularly monitored and service improvement planning was ongoing.

The service continued to experience difficulties with staff recruitment and retention which impacted on progress with service improvement and the consistency in the quality of care people experienced. Team leaders were spending time inducting newer staff and managing shifts with a number of agency staff. This increased the pressures on their workload and their abilities to fulfil all functions of their role. There was a team leader vacancy to be recruited to at the time of inspection. The manager and head of care had carried out some night time support visits to monitor the quality of support during night hours. At the previous inspection we made areas for improvement relating to recording staff competency checks and observations of staff practice. We saw that the provider had taken action to provide staff with further support and mentoring when any practices fell below expected standards. While some progress had been made with this there needed to be more frequent observations and competency checks across a twenty four period. Moving and handling competency checks and observations of practice were not well completed in some cases as they lacked date and assessor signature. This meant that people could not be fully assured that all staff supporting them were meeting the required standards to care for them well (see area for improvement one)

The management team were updating people's personal plans following review meetings, however it was difficult to access the minutes of review meetings to confirm agreed actions and frequency of reviews. We have advised the provider to develop a review matrix to monitor the frequency of review meetings and reviews of personal plans. This is so that people can be assured that their needs are being reviewed regularly and have opportunities to contribute to their reviews of care. (see area for improvement two)

The service improvement plan would be enhanced by demonstrating how the views of relatives, residents, staff and visiting professionals were used to identify strengths and areas for future service developments. Surveys were due to be organised. This would enhance the existing quality assurance processes by evidencing that people are involved in decision making and supported to contribute their views about the quality of the service they experience.

**Areas for improvement**

1. To support people's safety and wellbeing the provider should ensure that all staff have their care skills and care interventions regularly assessed and recorded well. Practice observations and competency checks should be carried out more frequently across a twenty four hour period.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

2. To support people's care and wellbeing the provider should develop an auditing system to monitoring the frequency and quality of care reviews whilst ensuring that minutes of review meetings are readily accessible within people's personal plans.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that:

'I experience high quality care and support based on the relevant evidence, guidance and best practice.' (HSCS 4.11)

## How good is our staff team?

## 3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths, but these just outweighed weaknesses. Whilst the strengths had a positive impact, the likelihood of achieving positive experiences and outcomes for people was reduced because key areas needed to improve.

The organisation demonstrated that safe recruitment measures were in place with care staff being carefully vetted before supporting people. There were a few aspects of recruitment which could be improved on such as signing and dating the interview records and completing the recruitment check lists. The service had introduced an agency check list and included longer term agency staff in training opportunities. Although one of the agencies in use had their clinical lead carry out monitoring visits to check the quality of staffing, this was not a regular occurrence, therefore the provider should ensure that they continue to monitor agency staff skills and understanding of the electronic care plans recording system as well as their competencies.

There had been some incidents of moving and handling practice which had not met the required standards. The staff training plan identified gaps in the moving and handling refresher training records. Further dates for moving and handling training had been planned at the time of the inspection. We noted that moving and handling competency assessors had not received recent training to carry out comprehensive assessments of staff skills in this area. Ensuring that all staff receive refresher training and assessing agency staff competence will promote people's safety and security when being supported with their mobility needs (See area for improvement one)

While some individual staff supervisions had been provided there were gaps in the records. It was positive that group supervisions were taking place and we saw good evidence of these being used to provide instruction to the staff team and discuss practice issues. Ongoing regular reflective supervision would further support staff in their learning and development. This is so people can be assured that there are robust systems in place to monitor the quality of staffing and support their ongoing learning and development.

The service continued to support the team's learning and development and staff were supported through an induction process which helped them to learn about their role and identify training and development needs. We received positive feedback from training professionals about the staff team's enthusiasm for learning. They had been involved in recent sessions to develop their knowledge of tissue viability (promoting skin health), nutrition and supporting people who experience stress and distress. This was positive, however staff



needed to demonstrate how they were implementing their training in practice. For example, we found comprehensive advice from the behaviour support team to support people well and alleviate any stressors but it was difficult to evidence whether staff had used the guidance when looking at incident records and care records. This meant people could be assured that their care provider had taken action to support staff to develop their skills and knowledge but further training opportunities were necessary for their continuous professional development.

### Areas for improvement

1. To support people's safety and wellbeing the provider should ensure that moving and handling refresher training is organised when due and ensure that staff moving and handling competency checks are carried out regularly. The provider should regularly check that agency staff have the necessary skills and updates and understand people's current mobility support plans.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 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)

### How good is our setting?

#### 4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The provider had sustained improvements to the cleanliness of the environment, including the communal areas, resident's rooms, the kitchen and treatment room. Equipment to support people with bathing and their mobility was regularly checked, maintained and cleaned. The provider had made progress in making the setting more suited to the needs of people living with dementia, such as having contrasting light switches and hand rails in prominent colours. There was an ongoing redecoration programme and while some new flooring had been fitted some people's ensuite flooring would benefit from being replaced. Architects plans had been drawn up to alter the current layout of the environment and to extend the available space in some of the bedrooms. The current layout had long corridors and navigation around the building could be difficult particularly for people living with dementia. We heard that funding had been approved and the provider was now looking at progressing the improvement works. There had also been some developments to make the outdoor areas more accessible with further works planned. The dining and communal areas had been enhanced and made the setting more pleasurable for people to relax and enjoy socialising. This meant that people could be assured that their care provider was continuously looking at ways to improve their internal and external living space.

Domestic staff told us that although there were vacant posts to be filled, the electronic systems for recording cleaning of rooms and equipment was working well and communication had improved. This meant that people could be assured that there were systems in place to support productive internal communications about all aspects of their care and support including cleaning. The provider had a 'resident of the day' system in place which is designed to ensure each resident has a day allocated to check all aspects of their care provision including environmental audits and deep cleaning of their rooms. This meant that people could be assured that the provider had systems in place to promote their health and wellbeing and check the cleanliness of their environment.

## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The provider had continued to make progress with personal planning. Personal plans sampled contained good detail about people's likes/dislikes, interests, life histories and communication preferences. The plans gave a real sense of people's individuality and what was important to them. The activities sections were now being added to more frequently reflecting some of the activities people had been involved in. There was good detail in the plans as to how to support people who experienced stress and distress and the outcomes sections in some of the plans had been added to. This meant that people could be assured that their provider was regularly updating their personal plans following assessments carried out by visiting professionals.

The quality of recording of people's care was variable. We found that some staff were recording well, detailing what people had been doing with their day and whether they had enjoyed activities, snacks and meals, while others were not as competent in person centred recording. This meant that people's daily experiences could be captured better to reflect that their views, wishes and choices were being promoted well.

People personal plans detailed any risks to people but it was difficult to ascertain what the current care plan was as there was conflicting information when plans had been added to. For example continence and catheter care plans and mobility plans were not written in a way which was clear for staff to follow the most up to date information about people's care needs and current abilities.

Further auditing of the personal plans was needed to ensure that information was clear for staff to follow, particularly for newer staff who may be unfamiliar with the electronic planning system. This will assure people that their care staff are consistently recording their support well and providing their care in accordance with their personal plans. (see area for improvement one)

### Areas for improvement

1. To support people's care and support needs well the provider should ensure that people's personal plans do not contain conflicting information and are easy for all care staff to follow.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that:

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

## 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

In order that people can be assured that the staff supporting them have the right information and guidance to support them well and minimise any stressors, the provider should expand on the detail in people's communication plans.

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

**This area for improvement was made on 22 December 2022.**

#### Action taken since then

Information in people's communication plans had improved and showed more detail to guide staff in the best way to communicate with people. This included a range of interventions for staff to use to support people well and minimise stressed behaviours. It was not clear whether these interventions had been used by staff when looking at information about incidents that had occurred. It is important that staff record well and the detail in incident reports and care records reflects the approaches used to support people well. We have judged this area for improvement to have been met and have made a new area for improvement relating to recording well and having improved detail in incident recording and less conflicting information in people's risk assessments (Please see Key Question 5: 'How well is our care and support planned?' area for improvement one)

#### Previous area for improvement 2

In order that people experience consistently positive interactions with the staff supporting them, the provider should carry out increased observations of staff practice and take action to support improvements in communication as necessary. This is to include monitoring of staffing arrangements at mealtimes in the smaller dining area.

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

**This area for improvement was made on 22 December 2022.**

#### Action taken since then

The monitoring of staffing arrangements in the smaller dining room had improved. We observed improved communication with residents overall though some staff needed further mentoring and guidance to improve the way they interacted with residents. Some observations of staff practice had been carried out but there needed to be more frequent staff competency checks. We have continued aspects of this area for improvement under a new area for improvement (Please see Key Question 2 'How good is our leadership ?' area for improvement one of this report)

## Previous area for improvement 3

In order that people experience consistently positive interactions with the staff supporting them, the provider should carry out increased observations of staff practice and take action to support improvements in communication as necessary.

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

**This area for improvement was made on 22 December 2023.**

### Action taken since then

We noted that overall communications had improved and we observed that the majority of staff were interacting with people well and in a caring and compassionate manner. However the level of recorded observations of practice and competencies needed to improve to demonstrate that all staff's practice is being regularly monitored. We have made a new area for improvement in relation to this (see Key Question Two: 'How good is our leadership ?' area for improvement one of this report)

## Previous area for improvement 4

In order that personal plans and records better reflect people's individual outcomes, wishes and individual circumstances, the provider should regularly audit the quality of recorded information relating to people's health, wellbeing and support needs including meaningful activities.

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 22 December 2022.**

### Action taken since then

We noted progress made in relation to this area for improvement with plans better reflecting people's wishes, choices and interests. Further auditing of personal plans and risk assessments was required to ensure that any information not currently relevant is archived so that information does not conflict and is very clear for staff to follow. (Please see Key Question 5: 'How well is our care and support planned ?' area for improvement one)

## 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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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