

Elsie Inglis Nursing Home Care Home Service

Spring Gardens
EDINBURGH
EH8 8HT

Telephone: 01313857504

Type of inspection:
Unannounced

Completed on:
9 February 2026

Service provided by:
Holyrood Care (Edinburgh) Ltd

Service provider number:
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Service no:
CS2021000305

About the service

Elsie Inglis Nursing 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.

At the point of inspection there were 35 people living in the home.

About the inspection

This was an unannounced which took place on 03 and 04 February 2026. 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 people using the service and their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- Staff interactions are warm, respectful, and person centred, contributing to a calm, positive atmosphere
- Residents benefit from timely access to external professionals, with strong clinical contribution and proactive health monitoring
- Meaningful activity provision has significantly improved, with a well-planned seven-day programme and high resident engagement
- Mealtimes are positive overall, but consistency is needed in supporting residents with hand hygiene
- The home had a relaxed welcoming atmosphere and reflected the ages of the people living there
- The environment is clean, safe, homely, and well maintained, with robust safety checks in place
- Leadership and governance are effective, though some documentation formats should be strengthened to improve accountability.

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 setting?	5 - Very 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 overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced good outcomes as a result of the care and support provided. Staff interactions were consistently warm, respectful, and person centred. They demonstrated a clear understanding of people's needs, preferences, and routines, contributing to a calm and welcoming environment where people appeared relaxed and at ease. People told us, "Staff are all so friendly, helpful and respectful, the staff are amazing, make sure they are happy and have everything they need, I couldn't be more grateful for the amazing people that take care of them".

People were supported to take part in a wide variety of meaningful activities that reflected their interests, preferences, and abilities.

The programme was well planned over 7 days a week with two activity co-ordinators on site Monday to Friday. We witnessed high levels of participation.

Residents were relaxed, engaged, and clearly enjoying opportunities such as music therapy, pet therapy, ball games, card groups, themed events, and intergenerational sessions with the local nursery.

Interactions were warm, joyful, and inclusive contributing positively to wellbeing and social connection. Innovative developments, including the Men's Club, demonstrated thoughtful, person-centred planning and supported identity, purpose and social interaction.

Activity documentation was well maintained, and ongoing evaluation was evident, with a suggestion made to enhance Photobooks by adding dates and short narrative to entries.

Risk assessments were in place for all activities, and the manager committed to promptly addressing any outstanding issues.

The service also demonstrated a strong commitment to supporting meaningful connections with family, friends, and the wider community. People were encouraged to maintain relationships that were important to them, and staff understood the value of these connections. Residents were able to receive visitors freely and, where appropriate, access local community facilities.

Overall, the service has strengthened its approach to planning, delivering, and evaluating meaningful activities and connections, ensuring these were inclusive, responsive, and aligned with residents' needs. This has been reflected under Quality Indicator 1.2. People get the most out of life.

People had timely access to a wide range of external professionals including the local GP practice, practice nurses, pharmacists and dieticians. This meant people benefitted from a multidisciplinary approach to their health care. Staff engaged well with visiting clinicians, who described the service as well led, collaborative, and clinically proactive. There was evidence of strong communication, early identification of deterioration, and effective involvement in multi medication reviews, anticipatory care planning, and nutritional support.

Care plans were generally detailed, up to date, and outcome focussed. Care plans we sampled were noted to be comprehensive and clinically robust, with clear involvement from the residents and their family. Anticipatory care plans were in place, these included do not attempt cardiopulmonary resuscitation (DNACPR) certificates.

Monitoring tools, including checks on nutrition, pressure-area risk, oral care, and medication, were completed and showed good oversight. Some gaps were found in the oral care and bowel monitoring records. Care plan audits should be carried out more often to keep documentation up to date and consistent.

Medication was managed safely and effectively. Medication records were accurate, medicines that require extra security were stored safely, and guidance for when to give 'as-needed' medication was clear. External professionals also noted improvements in how stock was managed and how medication cycles were organised. This meant people could be confident their medication was available and being given safely.

People's nutritional needs were well supported. Menus were varied, dietary requirements were clearly documented, and the kitchen team worked effectively with care staff. The meal time we observed was positive overall, with dignified support and good social engagement. Minor inconsistencies were identified, including limited alternatives for one resident, and some confusion linked to an agency chef. These issues did not significantly impact people's experience but should be addressed to ensure consistently high-quality practice.

We observed that residents were not consistently supported to wash their hands before mealtimes. This is an important aspect of IPC (Infection Prevention and Control) and should be embedded into routine practice. Therefore, an Area for Improvement was made. (See Area for Improvement one).

Training compliance was good. Falls, accidents and incidents were well monitored with detailed logs and reported to the Care Inspectorate in a timely manner.

Leadership and governance arrangements supported good outcomes. The daily managers' meeting we observed demonstrated effective multidisciplinary oversight, proactive risk management, and a clear focus on resident wellbeing. Staffing levels exceeded assessed needs, supporting continuity and responsiveness. The provider agreed to strengthen oversight tools to improve accountability.

Areas for improvement

1. To support safe infection prevention and control, residents should be routinely helped to wash or sanitise their hands before meals. This reduces the risk of germs spreading and should become a normal part of daily care.

The manager needs to set clear expectations for staff, making sure everyone follows them consistently, and regularly check practice to ensure improvements are maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

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

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the environment provided and how this supported positive outcomes for people, therefore we evaluated this key question overall as very good.

People experience a warm, welcoming, and homely setting that enhances their wellbeing and contributes positively to their daily life. The environment is safe, clean, and well maintained, and people consistently told us they felt comfortable and secure living in the home.

People benefit from living in an environment that is bright, comfortable, and thoughtfully maintained. Communal areas were clean, well presented, and offered good natural light. Outdoor spaces were tidy and accessible, providing opportunities for fresh air and meaningful activity.

Bedrooms we sampled were personalised, clean, and in good decorative order. This supported people's sense of identity and helped them feel at home.

There is a comprehensive programme of environmental safety checks in place.

All checks were completed within required timescales and recorded appropriately. This demonstrates strong oversight and contributes to a safe and well-managed environment.

A fire safety risk assessment is in place. The most recent fire inspection recommended that this be reviewed more frequently, and the service has acknowledged this and begun improvements.

Laundry and sluice areas were well organised and supported safe infection prevention and control (IPC) practice.

Staff were observed using PPE (personal protective equipment) appropriately.

Feedback from residents, relatives, staff, and visiting professionals was consistently positive. People described the home as calm, friendly, and comfortable, and we observed people moving around freely and confidently.

The home was clean and well maintained, and staff demonstrated good understanding of IPC procedures.

The environment clearly supports people's wellbeing. People appeared relaxed and at ease, and the homely atmosphere contributed to a sense of comfort and belonging. Staff took pride in maintaining high standards and were attentive to ensuring that the environment remained safe and pleasant.

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 that evaluation of care leads to improved outcomes, clear action should be identified where changes to care or deficits in care are highlighted. The actions should be reflected in updated personal plan and should be monitored effectively.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

'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 10 October 2024.

Action taken since then

The service has made clear progress in meeting the Area for Improvement by strengthening how care is evaluated and ensuring actions lead to better outcomes, with regular audits of care plans by nurses and the clinical lead.

Monthly "resident of the day" reviews keep plans accurate and person centred with active involvement from residents and families. Named nurses now update plans promptly, supported by clear staff guidance.

In-house training that focuses on making everyday interactions meaningful, along with approaches that support purposeful activity, has helped staff provide more consistent and high quality care.

The planned introduction of electronic care and medication systems in 2026 further demonstrates a commitment to improved governance and accuracy.

Overall, evaluation processes are now more robust, actions are clearer, and care planning is more responsive and aligned with each individual's needs, wishes and choices.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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