

Eildon House Care Home Service

23 Eildon Street
Edinburgh
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Telephone: 0131 341 4140

Type of inspection:
Unannounced

Completed on:
10 March 2026

Service provided by:
Eildon Care Limited

Service provider number:
SP2013012074

Service no:
CS2013317488

About the service

Eildon House Nursing Home is registered to provide a care home service for up to 24 older people. The service is operated by Eildon Care Limited, part of the Mansfield Care Group, which runs several care homes across Scotland.

The home is a three-storey converted terraced property situated in a central location in Edinburgh.

People can move between floors using either the passenger lift or the internal stairways. The accommodation includes 22 single bedrooms and one double bedroom, with all but two rooms offering en-suite facilities.

Communal lounge and dining areas are located on both the ground and first floors, providing comfortable spaces for relaxation and social engagement.

There is an enclosed garden at the front of the property which offers safe outdoor space for residents.

At the time of our inspection, 19 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 3 and 4 March 2026. The inspection was carried out by one inspector from the Care Inspectorate. We provided feedback to the manager on 10 March 2026.

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 six people using the service and their families and friends.
- Spoke with four staff and management.
- Received comments from six residents and nine relatives/friends through our online survey.
- Spoke with five staff and management.
- Spoke with one visiting professional.
- Observed practice and daily life.
- Reviewed a range of documents including support plans, medication recording and quality assurance records.

Key messages

- People experienced warm, compassionate and person-centred care that supported their wellbeing.
- People felt safe, respected and confident in the support they received.
- Mealtimes and the wider environment provided positive, homely experiences that enhanced daily life.
- Staff were caring, committed and supported by a positively engaged new manager.
- Care documentation and mandatory training compliance needed to improve.
- Facilities were generally well maintained although laundry Infection Prevention and Control (IPC) arrangements needed to improve.

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?	5 - Very Good
How good is our staff team?	4 - Good
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?

5 - Very Good

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

People experienced high-quality, compassionate and person-centred care, and the service demonstrated significant strengths in how well it supports individuals' health, wellbeing, and overall quality of life. Interactions between staff and residents were consistently warm, respectful, and nurturing, contributing to a calm and reassuring atmosphere across the home. People told us "I enjoy living here" and "I feel well cared for and looked after". This meant people benefit from a consistently good standard of care that promoted dignity, comfort and overall wellbeing.

Mealtime experiences were a notable strength. Dining rooms were well presented, and staff supported people sensitively and at their own pace, offering clear choices and promoting dignity. People were seen enjoying their meals, with staff demonstrating good awareness of individual routines and nutritional needs. Adaptive equipment was used appropriately, and staff responded well when people needed reassurance or experienced stress. Those requiring modified textures were offered choice, with foods plated separately to help them enjoy distinct flavours.

However, a few people told us that mealtimes at weekends can feel "chaotic due to less staff," which may affect the calmness and timeliness of support. Staff did not share this view. The manager agreed to visit during a weekend to observe practice and speak with staff and residents. Reviewing weekend staffing arrangements would help ensure mealtime support remains consistently safe and responsive. We will follow up on this at the next inspection. Staff rotas were sampled over seven-day periods showing consistent staffing levels across the week, with the only variation being the presence of the manager and the activity co-ordinator at weekends.

People benefitted from regular social engagement, meaningful activity, and opportunities to maintain independence. Activities, outings, and visits from family and friends were encouraged, and those who preferred quieter routines were supported with sensitivity. Staff were attentive to both the physical and emotional needs of people, offering comfort, conversation, and practical support throughout the day. This meant people felt connected, supported, and able to enjoy activities that match their interests and independence. This supported positive health and wellbeing outcomes for people.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from a caring and committed staff team who worked well together and demonstrated a genuine focus on supporting people's wellbeing. Staff described a positive atmosphere within the home, where teamwork was strong and morale was good. They reported feeling well supported by the new manager and supervision records showed a reflective and meaningful approach to professional development. Staff had received supervision earlier in the year, with further sessions scheduled, evidencing a clear commitment to ongoing learning and improvement. This meant people experienced consistent, compassionate support from staff who were confident in their roles, well led, and focussed on providing

good quality care.

Observed practice demonstrated warmth, dignity, and person-centred care, and staff showed good insight into the needs of the people they support. Conversations with staff confirmed that they valued the support of the new manager and feel encouraged to reflect on their work and contribute to service improvement. This meant people experienced warm, respectful, and person-centred support from staff who understand their needs and were confident, reflective, and well supported in their roles.

Staff training compliance required improvement to ensure the workforce have the full range of skills and knowledge necessary to deliver safe and effective care. Overall training completion stood at 63% at the time of inspection, and several mandatory courses showed low levels of completion. These gaps created a potential risk of harm to people because staff had not completed the required mandatory training. This reduced confidence in safe practice and limited assurance around staff competence in key areas. As a result, people may be at greater risk of not receiving care that is consistently safe, skilled, and aligned with best practice.

There was no robust oversight tool to monitor training compliance across the workforce. This limited the ability to track progress, identify risk areas, and ensure mandatory learning was completed within expected timescales. Mandatory training should be completed by all staff to ensure they have the skills and knowledge required to support people safely. The manager had begun issuing training reminders and planned to develop a more comprehensive monitoring system. However, this work was at an early stage.

An Area for Improvement will be made to strengthen oversight and ensure training is monitored effectively.

Areas for improvement

1. The provider should implement a system for monitoring staff training compliance. This should include clear oversight arrangements to ensure all mandatory training is completed within expected timescales and that any gaps are identified and addressed promptly. This will help give confidence that staff have the necessary skills and knowledge to support people safely and effectively.

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

"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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from a warm, welcoming, and comfortable environment that contributed positively to their wellbeing. The home appeared clean, bright and relaxed throughout the inspection. Communal areas were arranged to promote safety, independence and natural social interactions, with lounges offering clear lines of sight and appropriate seating layouts. Dining rooms were attractively presented with tablecloths, flowers and clear menus, which supported orientation and contributed positively to mealtime experiences. Bedrooms were clean, personalised and homely, helping people maintain comfort and a sense of identity. However, we observed one room lacked up-to-date activity plans or calendars. Consistent use of orientation

aids would strengthen dementia-informed practice. Some relatives highlighted limited wheelchair access availability for outings. The manager was receptive to this feedback and committed to addressing the points raised.

Maintenance systems were well established and supported by effective digital reporting. Statutory checks were up to date. Equipment such as hoists and slings were stored appropriately and replaced when needed, supporting safety and reliability. This meant people could feel confident that the environment and equipment were safe, well maintained, and reliable, while also knowing that their ability to access the community was being actively improved.

IPC practices were generally sound across the home. The environment was visibly clean, and staff followed expected hand hygiene and PPE procedures throughout the inspection. An IPC champion supported good practice, and cleanliness audits were completed regularly. The manager was in the process of reinstating daily cleaning schedules, and new corridor hand gel dispensers were ready for use once batteries arrived.

Laundry arrangements did not meet IPC standards well. The current layout lacked adequate separation between clean and dirty laundry workflows. A temporary screen was ordered by the manager during inspection, and permanent partitioning is planned. The ironing area required a risk assessment to be completed to address ventilation, lighting and fire safety, and the manager was progressing this work. The manager took immediate action during the inspection to begin addressing these issues, and we will review this at the next inspection to ensure the improvements have been sustained.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans were well written, respectful and regularly reviewed, providing helpful information about people's health, preferences, and risks. However, there were inconsistencies in the care plans we observed. For example, one plan stated that a person mobilised using sticks, but following a recent assessment they now also use a walking frame, and this had not been updated. Another plan recorded that a person received daily denture care, despite noting elsewhere that they did not wear dentures. We discussed this with the manager and there is an ongoing issue with how oral care is documented in the electronic care planning system. They are currently working on this.

While these issues had not impacted outcomes for people during inspection, they highlight the need for improved accuracy and consistency in care planning documentation. This meant people may not always receive care that fully reflected their current needs, which could affect how consistently and safely they are supported.

An Area for Improvement will be made to ensure care planning remains accurate and up to date, and fully reflective of people's current needs.

Areas for improvement

1. People should have confidence that staff know how to care and support them, taking account of their needs and wishes. To achieve this the provider should ensure:

- Care plans clearly reflect people's individual preferences and current care needs.

- Care plans are clear, personalised, sufficiently detailed and consistent.

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

"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)

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
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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