Eildon House
Care Home Service

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Type of inspection:
Unannounced

Completed on:
7 February 2024

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 to 24 older people. At inspection 20 residents were living in the home. The provider is Eildon Care Limited.

The home is a three-storey converted terraced house, situated within a central position in Edinburgh. All bedrooms were single occupancy. Each room, except for two, had en-suite facilities. There was a passenger lift that supported people to move between floors.

About the inspection

This was an unannounced inspection which took place on 7 February between 8:15am and 4:15pm. Remote working to online care planning systems was also part of the inspection process. The inspection was carried out by one inspector. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with people living in the home and visiting family members. We also gave family members an opportunity to give feedback who were not visiting over the two-day inspection, through the completion of online questionnaires.

- talked with members of staff and the management team

- observed staff practice and daily life

- reviewed a range of documents

We have used the short observational framework for inspection tool (SOFI). SOFI is an approved, internationally recognised tool for regulators. It provides a framework to enhance the observations about well-being and staff interactions that we already make on inspection, especially for service users unable to communicate their views.

Key messages

- The Improvements noted at the previous inspections had continued to be further developed and sustained. This included the assessment and planning of care, access to activities and the overview of staff practice. All of which benefitted the people living in the home.
- Staff clearly knew people well and had built up meaningful and respectful relationships with the people receiving care.
- People living in the home told us staff were 'excellent', 'attentive' and 'they could not be faulted'. All of which showed people were happy with the quality of their care.
- Whilst personal planning and assessments had continued to improve, further work was needed to ensure consistency in record keeping and in evidencing the good practice of staff. Accurate records of care were an important part of the evaluation process.

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 leadership?	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 evaluated this key question as very good where we found significant strengths in aspects of the care provided which supported positive outcomes for people.

Staff were able to pre-empt people needs because they knew people well. At inspection no one needed to use their call bell, if in their room, as staff were very attentive to peoples care throughout the day. Relationships between staff and people supported were relaxed, supportive and empathetic. Feedback from relatives and people supported, mirrored our observations of this. People living in the home also felt comfortable speaking to staff in natural conversations about their life. For example staff spent time talking about their holidays which helped people to engage in conversations. Everyone looked well presented and care was taken to ensure people's appearance was how they would have done so themselves.

At inspection the home was recruiting for an activity worker. However, the part time activity worker had arranged a variety of external activities to come into the home rather than provide all the activities in house. This was an innovative way to adapt to the current situation and offered people the opportunity to take part in activities in a more natural way. For example, a yoga teacher provided yoga and relaxation groups, there was an externally facilitated seated fitness group, a community café brought the café to the home, to allow people try their baking. A mobile library visits the home, there are links with local schools and a local artist came in to talk about their art to one person who used to teach the subject. Plans for future groups include sessions from music students. We also saw that one person had a specific interest in visiting the Scottish Parliament building, which was arranged for them. People were given information daily about what activities were available each day. Staff encouraged people to attend these. We also saw staff initiate activities for people on a one to one basis.
Overall for most people there was a range of activities for them to do, however further thought could be given for people who were more withdrawn and refused to take part, to ensure they did not become isolated in their rooms.

Because staff knew people so well, they were able to quickly see if something was wrong or the person wasn't feeling themselves. There was a very good overview of people's changing health needs by both registered nurses and care staff. Information was shared during staff handovers and daily meetings. These reflected actions for individuals where health or welfare had shown signs of changing. There was very well recorded input from external health professionals, giving guidance for any changing health needs. Where advice was needed, such as dietician or tissue viability nurses, the referrals were made promptly with any identified actions recorded in the care notes. Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. This meant people could be confident their health and wellbeing needs were being met.

There was guidance in place to support someone experiencing stress and distress. Staff knew people very well and were able to redirect them effectively. This meant that they had support to manage any anxieties.

Medication was well recorded, effectively audited and administered. This meant people could be confident medication was being appropriately managed for them.

The chef reviewed the menus regularly to ensure peoples dietary needs were met. The chef and staff knew the residents' dietary needs and choices well. Eating and drinking was being effectively monitored and we saw staff encouraging people in their rooms to drink throughout the day. Where residents needed help to

eat and drink this was done in a dignified relaxed way at their own pace.

The online care planning system contained very good information about people's healthcare needs and preferences for support. These were reviewed monthly and updated as needed. Personal plans were well written, person centred and gave a very good insight into the person. Further work was needed to ensure daily notes completed by staff were reflective of individual assessed care. This is further discussed under key question five.

How good is our leadership? 5 - Very Good

We evaluated this key question as very good where we found significant strengths in aspects of the care provided which supported positive outcomes for people.

It is important that services have effective systems to assess and monitor the quality of the service and environment/equipment. This helps drive service development and improvement which results in good outcomes for people living in the home. To monitor and assess standards of service provision the manager used a range of audit tools and directly observed staff practice. This helped to ensure that expected standards were maintained, and any issues identified were addressed.

People living in the home and relatives told us the manager listened to comments and acted on any concerns. The views of residents and their relatives were used to inform service development. This approach reflected a culture of continuous service improvement to support positive outcomes for people using the service. Audits linked to healthcare were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive outcomes for people living in the home.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. The manager ensured where needed, that any identified risk led to changes in planned care.

Managers meetings for all Mansfield Care service were held regularly. Minutes showed that consistency across the organisation was discussed and measured. There was very good sharing of information and guidance to link into what was expected to ensure consistency across all the providers homes.

The operations manager completed quality audits in the home which informed the improvement plan. We saw where improvements had been identified these had been actioned. The on line care planning system meant the operations managers had access to an overview of care provided remotely. This enabled a further layer of quality assurance.

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.

Staff were very knowledgeable about people's needs and knew their preferences well. Staff had spent time getting to know the person which enhanced each persons' experience of the home.

Staff attended daily meetings, including handovers at the start of each shift, to share information and plan each day. These gave staff feedback on care and any actions or support needed for each person, leading to a consistent approach to care. This enabled effective communication between management and staff and

supported positive outcomes for residents'.

We saw that personal supervision records were completed for staff on a regular basis. This included supportive feedback from the manager as well as areas to improve on practice. Training and development was part of the supervision agenda. This could be further enhanced by encouraging staff to reflect on any training undertaken and aspects of care they did well or found more challenging.

There was a range of training available to staff, this included some face to face training. We suggested allocating staff roles as health and wellbeing champions. As part of the role, relevant training would be undertaken to ensure best practice could be shared with colleagues. This would include more advanced training on living with dementia, though the promoting excellence framework.

Systems were in place to show that staff were appropriately registered with regulatory bodies such as the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team.

Whilst staff were seen to carry out care as directed in each persons personal plan, there was a lack of consistent recording of care notes. This is discussed further under key question five.

Care staff were sometimes being asked to cover kitchen duties. Whilst they were not part of the care team on these days (specifically weekends) this was not ideal. A permanent chef was employed Monday to Friday, however staff had responsibilities at the weekends for meals. We recognise the manager is trying to recruit to the post and we will follow this up at the next inspection.

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.

The design of the home supported people spending time in small groups, with two separate lounge areas on the ground and first floor, as well as the dining room. Bedrooms were very personalised, and for the larger rooms, people were able to bring their own furniture. Whilst the home had limited outside space, this was well utilised, with planters and seating areas to the enclosed front area of the property.

The home was inviting, homely and well decorated. The downstairs lounge had a small kitchen area where relatives or friends could make hot drinks. People supported also had access to home baking and soft drinks.

On the day of inspection, we found the home to be exceptionally clean with fresh flowers in each of the lounges. This showed that staff take care to ensure the environment was as good as it could be given the limitations of it being an older residence.

We saw housekeeping staff spend time with the people supported, chatting to them in their rooms, which reflected the ethos of the home, of everyone working together to benefit the people living there. One of the people supported would spend time dusting with the housekeeping staff as they enjoyed helping and this in turn supported their wellbeing.

There was an inventory of equipment in the service to confirm that safety checks in accordance with Lifting Operations and Lifting Equipment Regulations 1998. (LOLER). The home was well maintained.

The care team, including housekeeping staff, ensured the home provided the best environment it could. Because of the layout of the home over three floors it would present challenges for people who walk with purpose. Some of the rooms were smaller than others, which if the person's mobility deteriorated may present challenges for use of mobility equipment. There was a lack of facilities for staff changing, with an upstairs bathroom being allocated. However, the best was being made of the environment, with the advantages of smaller group living outweighing the disadvantages of the limitations of the building.

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.

Comments under key question 1 and key question 3 are also relevant to this key question.

People benefited from personal plans which were regularly reviewed. Each person's plan had information about health, people's preferences and assessed care needs. Plans sampled were person centred and well written. There was detailed information on people's healthcare and support needed. This included detail of care equipment used. Overall, the information written in the personal plans accurately reflected people's needs. This meant the person and their relatives could be confident new staff had access to information which helped them get to know them.

Whilst personal plans contained detailed information about care, daily records of care were inconsistently completed, so agreed care could not always be accurately evaluated. Staff were very attentive to people's needs and knew them very well, however records should accurately reflect the care given. (See area for improvement 1)

Anticipatory care plans were in place (ACP, is a tool to discuss what matters most when making plans for care in the future), however for some people more work would need undertaken to ensure their full wishes were discussed and recorded. This would ensure that the plans reflect best practice and also include relevant details from discussions with the person and their family/representative.

Reviews of care with family members, were regularly carried out and recorded. This included discussions on health and changes to care. However, the reviews had little meaningful discussion on activities, these did not directly link to recorded outcomes. This meant that activities were sometimes not evaluated in a meaningful way through review.

The care planning process was effective in ensuring peoples health needs were regularly reviewed and where changes identified these were actioned. Relatives said they were informed of any changes to care and this gave them confidence in the support provided.

Areas for improvement

1. People's needs should be fully met as agreed in their personal plan, the manager should ensure:

- All documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.
- Staff practice fully reflects the care as written in the personal plan.

This is 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 relevant evidence, guidance and best practice' (HSCS 1.19), 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and '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).

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 any treatment or intervention that residents receive is safe and effective. In order to do so, medication management should be developed to include;
a) where medication is not given as prescribed, clear information should be recorded on the medication administration records (MARs) to indicate the reason for this
b) accurate records are kept to evidence that topical creams and ointments are applied as prescribed
c) handwritten changes to the original instructions on MARs should be dated, signed and include the origin of the change
d) protocols for medication given on an 'as required basis' should be in place to help support staff to determine if medication is needed and any actions to be taken or considered.

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

This area for improvement was made on 22 September 2022.

Action taken since then

There were regular audits of the medication administration sheets to check for any discrepancies. The medication records we looked at had no errors or issues. Observations of practice were completed for staff trained to give medication to check that their understanding and competency. Protocols were in place for as required medication however we discussed further detail was needed to link these into the personal plans. The manager agreed to further update these to include relevant information to allow someone decide as to when to give the required medication that would reflect the detail held within their personal plan. This area for improvement was met.

Previous area for improvement 2

In order to reflect the care and support people receive, the provider should ensure that care charts are accurately completed in line with their assessed needs.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'my care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 22 September 2022.

Action taken since then
This area for improvement has been revised under key question five in the body of this report.

Previous area for improvement 3

To ensure people experience high quality care, the provider should ensure that regular observations of staff practice are completed. Records should indicate that staff have received feedback and an opportunity to discuss areas for development.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states '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 22 September 2022.

Action taken since then
Staff competency and practice was regularly and assessed to determine that staff were able to apply their training to their practice. One to one supervision for staff was supportive and discussed any training needs. This area for improvement was met.

Previous area for improvement 4

In order that people are safe and protected, the provider should ensure that staff are knowledgeable and competent in safe moving and handling practices. In order to do so, the provider should ensure that;
a) all staff receive training in moving and handling
b) staff competency and practice is regular assessed to determine that they are able to apply their training to practice and this is in line with good practice
c) people are supported to move safely, in line with their assessed needs.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states 'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11) and '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 September 2022.

Action taken since then
All staff had completed their Moving and Handling training on Evolve, the on line training platform. Staff had also completed face to face training session delivered by a moving and handling trainer. Observations of practice for staff were seen to be regularly carried out and staff practice we saw at inspection, reflected up to date guidance and training. This area for improvement was met.

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
1.1 People experience compassion, dignity and respect	5 - Very 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	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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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