

## Eastleigh Care Home Care Home Service

110 North Deeside Road  
Peterculter  
AB14 0QB

Telephone: 01224 734718

Type of inspection: Unannounced  
Inspection completed on: 6 July 2016

**Service provided by:**  
Pepperwood Care (Management)  
Limited

**Service provider number:**  
SP2013012037

**Care service number:**  
CS2013316167

## About the service

The inspection focused on standards of care for people living with dementia. We are using a sample of 150 care home services to look in detail at the standards of care for people living with dementia and this service is one of those selected as part of the sample.

The areas looked at were informed by the Scottish Government's Promoting Excellence: A framework for health and social care staff working with people with dementia and their carers and the associated dementia standards. It is our intention to publish a national report on some of these standards during 2017.

We carried out an unannounced inspection of Eastleigh Care Home on the 21 June, 30 June and 6 July 2016. At the inspection we spoke with eight of the residents, three relatives, observed practice and checked documentation relevant to the inspection.

The service is provided by Pepperwood Care (Management) Limited. The care home provides residential accommodation, nursing care and support to a maximum of 35 older people.

The care home is a traditionally built home near the centre of Peterculter and is close to local amenities and transport links. There are 35 bedrooms, one of which can be used as a shared room. All of the bedrooms have en suite facilities. There are a variety of communal sitting and dining areas. Accommodation is provided on two levels.

The service's written statement of aims states that the care service aims for care to be delivered "in a non-discriminatory fashion, with respect for independence, privacy and the right to make informal choices and to take risks" and "ensuring choice and the rights of our residents are our focus at all times."

## What people told us

We spoke to eight residents who use the service who told us:

Residents told us that they thought the staff were nice and that they were being looked after. We were told that they thought in general the food was good. Observation of practice showed staff did not always listen to what the residents were saying. This was discussed with the management team at feedback.

We also sent 20 questionnaires to residents, of which five were completed, with the assistance of the activities co-ordinator. We also spoke with eight residents during the inspection visits (others were spoken with in passing). We also spent a considerable time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication. Residents' indicated they were generally happy living at Eastleigh. However, there were some areas that could be improved to make their everyday life better.

The views of the residents have greatly informed the findings of this inspection and are included throughout this report.

We spoke to three relatives who told us:

Relatives' stated that they always felt welcome and comfortable visiting. Relatives spoken with stated they were very happy and highlighted a number of staff for specific praise.

We also sent 20 questionnaires to relatives or friends of service users, of which 11 were completed and returned

to us. Respondents indicated that they felt in general that their relatives were being well cared for. However, there were some areas of concern, which they would like to see improvements in. In general they spoke very highly of the committed staff, and welcoming environment.

## Self assessment

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

We spent a considerable time observing staff practice in the home and how the staff interacted with residents, especially those who had limited communication. We saw that the staff were focussed on tasks and did not always take into accounts the immediate needs of the residents. Although staff were friendly and kind in their approach to the residents, the residents were not always treated as individuals. We saw that staff did not always listen to the resident's wishes or views. **(See recommendation 1)**

Observation and discussion with residents confirmed that a range of activities, events and outing were offered. However, there was little focus on engaging the residents in meaningful daily life activities. The manager was encouraged to consider implementing an enablement focus program within the home with the aim to improve the level of stimulation available to the residents, maintain independence and to promote a better quality of life for the residents.

The quality of documentation within the residents' personal plans had significantly improved. In general this documentation was clear concise and supported the good care practices. It also enabled the residents' care and support to be effectively assessed and evaluated. There remained some work to be done to ensure that the documentation remained outcome focused, and assisted in promoting the wellbeing of all the residents.

All residents should have their care regularly and formally reviewed. There was limited opportunity for residents to meaningfully participate in their care review. Systems should be developed to ensure that those residents with complex communication needs could contribute to their care review. **(See requirement 1 and recommendation 2)**

The documentation should support staff in promoting a positive quality of life for all the residents.

Staff had a clearer understanding of safeguarding and the Adult Support and Protection procedures. Incidents were appropriately reported and investigated.

We have no concerns regarding the healthcare needs of the residents being met. The staff and management need to consider the residents wellbeing and quality of life outcomes.

## Requirements

### Number of requirements: 1

1. The provider must ensure that each resident's care and support is formally reviewed at least every 6 months or as required.

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 (1) - Welfare of users and Regulation 5 (2) - Personal plans**

**Timescale: To be completed by 1 October 2016.**

## Recommendations

### Number of recommendations: 2

1. The staff and management team should develop a culture within the home that focuses on the individual needs and outcomes for each resident.

**National Care Standards, Care Homes for Older People - Standard 6: Support Arrangements and Standard 11: Expressing Your Views**

2. The provider should ensure that residents can contribute to their six-monthly care review using methods that suit their communication needs and preferences.

**National Care Standards, Care Homes for Older People - Standard 11: Expressing Your Views**

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

The management team had undertaken an assessment of the environment and had identified a number of areas that could be improved to make Eastleigh more dementia friendly. The decorating program was on-going.

Although improvements were undertaken throughout the inspection we saw a number of areas of concern during our first visit. The home was dirty, untidy and there were areas that smelled of stale urine. There was a lack of housekeeping staff. There were holes in bedroom walls where furniture had been knocked against the

wall. Cushions on seats were upturned so residents were unable to sit down safely. A few bedrooms were stark and bare. The management team and staff should work to ensure that each resident's personal bedroom promotes a sense of wellbeing, belonging and identity. **(See requirement 1 and recommendations 1 and 2)**

Access to the patio and gardens was restricted. The culture within the staff group needs to change to enable, facilitate and support the residents to take informed risks regarding moving freely within the home but also exiting the home to enjoy the local community.

Systems need to be reviewed to ensure that all Repairs and maintenance are undertaken promptly. **(See recommendation 3)**

Relatives stated that they always felt welcome when visiting Eastleigh.

We found that the physical and cultural environment within Eastleigh Care Home needs to improve. Although progress was made throughout the inspection to address the concerns highlighted regarding the environment, the residents should have a nice place to stay that promotes a positive quality of life.

## Requirements

### Number of requirements: 1

1. The provider must ensure that the whole home remains odour free.

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4 (1)(a) - Welfare of users and Regulation 10 - Fitness of premises.**

**Timescale: To be completed by 1 October 2016.**

## Recommendations

### Number of recommendations: 3

1. The provider must continue ensure that resident's bedrooms promote a sense of wellbeing, belonging and identity.

#### **National Care Standards, Care Homes for Older People - Standard 4: Your Environment**

2. The manager should work with staff to ensure that there is a culture of respect developed and demonstrated for the residents' home and resident's belongings.

#### **National Care Standards, Care Homes for Older People - Standard 4: Your Environment**

3. Systems should be reviewed to ensure that all repairs and maintenance are undertaken promptly.

#### **National Care Standards, Care Homes for Older People - Standard 4: Your Environment**

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

Discussion with the manager and staff showed that the recruitment processes were in line with good practice. The management team need to ensure that employment histories are complete and accurate.

The manager was further developing the induction program for new staff. Formal one to one meetings, monitoring and the assessment of practice for new staff had been limited. The manager planned to implement these into the new competency based indication program. The requirement made during the last inspection is rewritten to reflect the improvement required. **(See requirement 1)**

Staff were encourage to undertake mandatory and developmental training in line with good practice, including the dementia training. The management team had begun to monitor practice. The management team should implement individual training plans to ensure that the development needs of each staff member are addressed. Good practice documentation was readily available to staff to support their training. The provider had commissioned an external trainer to undertake an assessment of the dementia care within the home. To date there had been only limited learning outcomes developed for staff regarding their findings and the outcomes for residents had not improved. The provider had commissioned further dementia training for staff. The manager should ensure that all staff receive this training appropriate to their role. The previous requirement was met but will be replaced by a recommendation. **(See recommendation 1)**

All staff were appropriately registered with the Scottish Social Services Council (SSSC) or the Nursing and Midwifery Council (NMC).

The staff supervision, support and monitoring processes had been redeveloped. Staff confirmed that regular one to one meetings had started. The management team were monitoring concerns regarding staff practice or attitude. The management team need to ensure that actions taken to address concerns are clearly recorded so learning outcomes can be achieved.

Examination of the staffing rota did not clearly show the staff of shift. **(See recommendation 2)**. The manager was assessing the staffing levels using a specific staffing tool for assessing service users' dependency levels. The provider should ensure that this tool is reviewed to ensure it takes account of residents' social, emotional and recreational needs as well as the environmental challenges within the home.

All staff we spoke with spoke highly of working at Eastleigh. They stated that communication and team working was good. The atmosphere in the home during the inspection was very friendly and the staff group appeared happy. Where staff positively interacted with the residents this was having a positive outcome.

### Requirements

#### Number of requirements: 1

1. The provider must develop and implement a detailed induction program that supports new staff.

To achieve this, the provider must:

- Develop and competency based induction program focused on the organisation's aims of "ensuring choice and the rights of our residents are or focus at all times" and positive outcomes for residents.

- Implement formal one to one meetings throughout the induction with new staff to assess progress.
- Ensure all areas for development of new staff are clearly recorded monitored and reassessed prior to completion of the induction program.

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulations 9 (1) and 15 (a) & (b).**

**Timescale: by 1 October 2015.**

## Recommendations

**Number of recommendations: 2**

1. The manager should ensure that all staff have an individual training plan appropriate to their developmental needs and their role.

### **National Care Standards, Care Homes for Older People - Standard 6: Management arrangements**

2. The staff rota should clearly and accurately reflect the staff on duty at any given time.

### **National Care Standards, Care Homes for Older People - Standard 6: Management arrangements**

**Grade: 3 - adequate**

## Quality of management and leadership

### Findings from the inspection

A new manager, who had previous links to the home, took up post in April 2016. The manager and deputy were in the process of reviewing the quality assurance systems to ensure they are used effectively to identify concerns and issues. We had concerns that the quality assurance system had not identified or addressed the concerns in staff culture, residents' quality of life, housekeeping and the environment earlier. However, these concerns were now in the process of being addressed.

The management team should consider developing a 'home wide' action plan to ensure all actions identified are addressed and monitored.

The complaints process needs to be clarified to ensure that all staff are clear regarding what characterises a complaint. The management team need to be fully aware of all concerns and issues raised by families and residents.

The grade awarded reflects that there had been changes in the management team and that the management team require time to make the improvements to the outcomes for residents that they have identified.

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

## Previous requirements

### Requirement 1

The provider must develop and implement a detailed induction program that supports new staff. To achieve this, the provider must:- Develop and competency based induction program focused on the organisations aims of "ensuring choice and the rights of our residents are or focus at all times" and positive outcomes for residents.

- Implement formal one to one meetings throughout the induction with new staff to assess progress.
- Undertake formal observation and monitoring of practice framework.
- Ensure all areas for development of new staff are clearly recorded monitored and reassessed prior to completion of the induction program.

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 9 (1) and 15 (a) & (b).**

**Timescale: by 30 September 2015.**

**This requirement was made on 12 June 2015.**

### Action taken on previous requirement

Please see Quality of Staffing for details.

**Not met**

### Requirement 2

The provider must ensure that all staff have the appropriate skills, knowledge and understanding to provide good quality care and support to all the residents in the care home. To achieve this, the provider must:

- Ensure that mandatory training is undertaken in line with the organisations own policy on training.



- Maintain accurate training records.
- Ensure all staff undertake the Promoting Excellence: A framework for all health and social care staff working with people with dementia.
- Implement formal one to one meetings with all staff on a regular basis, to develop good practice and address poor culture or attitude.
- Undertake formal observation and monitoring of practice framework.
- Ensure that poor practice, attitude or abruptness is dealt with promptly and appropriately.

**This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulations 9 (1) and 15 (a) & (b).**

**Timescale: by 30 September 2015.**

**This requirement was made on 22 January 2015.**

### Action taken on previous requirement

Staff were encouraged to undertake mandatory and developmental training in line with good practice, including the dementia training. The management team had begun to monitor practice. The management team should implement individual training plans to ensure that the development needs of each staff member are addressed. Good practice documentation was readily available to staff to support their training. The provider had commissioned an external trainer to undertake an assessment of the dementia care within the home. To date there had been only limited learning outcomes developed for staff regarding their findings and the outcomes for residents had not improved. The provider had commissioned further dementia training for staff. The manager should ensure that all staff receive this training appropriate to their role. The previous requirement was met but will be replaced by a recommendation.

**Met - outwith timescales**

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

### Previous recommendations

#### Recommendation 1

The residents' personal allowance system should be reviewed and audited to ensure good principles are maintained. This should include:

- The organisation policy and procedures being readily available to all staff involved in this process.
- The personal allowances held by the home should be formally reconciled at least monthly.

- All transaction to be signed by two members of staff.
- Clear support plans should be in place for those residents who require support with their finances.

## National Care Standards Care Homes for Older People: Standard 5 - Management and Staffing Arrangements

This recommendation was made on 12 June 2015.

### Action taken on previous recommendation

The areas for development have all been addressed.

## 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
27 Oct 2015	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
12 Jun 2015	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
22 Jan 2015	Unannounced	Care and support Environment Staffing
		3 - Adequate 3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Management and leadership	4 - Good
19 Sep 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
16 Dec 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

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