

# Eskgreen Care Home Service

10 Shorthope Street  
Musselburgh  
EH21 7DB

Telephone: 0131 665 8281

**Type of inspection:**  
Unannounced

**Completed on:**  
17 February 2021

**Service provided by:**  
East Lothian Council

**Service provider number:**  
SP2003002600

**Service no:**  
CS2003011079

## About the service

The home is owned and managed by East Lothian Council. It is a large three storey building with lift access to all floors. The top floor has not been used as resident accommodation for some years.

There are enclosed gardens at the back of the building. Some areas of the building have views over the town of Musselburgh and the river. It is close to the town centre amenities and is easy to get to by public transport.

The staff team is composed of a manager, assistant manager, senior social care staff and social care staff.

Cleaning and catering arrangements are currently managed by Facilities Management from East Lothian Council.

The Aims and Objectives of the service state that:

'Each client will be treated as an individual and will receive the highest standard of care and support whilst living in Eskgreen. To help people get the best out of life and provide a safe and supportive environment where they can live as independently as possible. To help people to lead a full, active, safe, secure and happy life in pleasant surroundings.'

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

## What people told us

We saw and spoke with eight people during the inspection and respected the privacy of those who did not want to be disturbed, were unwell or isolating due to COVID-19.

Due to frailty and or communication difficulties some people unable to share their views of their living in the home. However, we observed staff practice and saw very kind, considerate and compassionate interactions with people. This approach was confirmed by those who were able to share their views.

Some comments included:

"Staff are nice I am treated well, I came into home last year."

"Staff are looking after me and I'm comfortable."

"I'm looked after very well, staff are nice the meals are good, there is always a choice and we get lots of drinks and cups of tea."

"I'm comfortable and cared for her, nothing to complain about."

"The staff keep me right, encourage me to do things and although I like watching TV I like some of the activities." I also like that we have a shop."

## 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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

3 - Adequate

### 7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic.

We have assessed that the service is reaching an adequate level in supporting and safeguarding people during the COVID-19 pandemic.

Phone calls and the use of technology helped people to stay in contact with their family and friends and visits took place in accordance with national guidance.

People were helped by staff to socially distance when using shared areas. Activities and recreational events were held each day, this helped people to keep active and have some structure to their day.

Care plans helped staff to support people in accordance with individual assessed needs, choices and preferences. Some personal preferences and choices in care delivery were recorded but care plans could be improved to provide clear information about a person's needs and wishes. These also need to be more evaluative and include anticipatory care plans. See area for improvement 1, repeated from a previous inspection with additional areas for improvement.

People spoke very warmly about the staff and felt that they received a good standard of care. People looked well cared for and comfortable and at ease with staff. The environment was quiet and calm which promoted a relaxed and restful atmosphere for people.

A generic care plan format was used for caring for people in their rooms and staff knew where to access this. Any changes to the plan including review of the associated risk assessment were discussed at each staff handover. This meant staff were aware of any changes needed to the care they were to deliver and were supporting people as their needs changed.

Anticipatory care plans were in place and are held at the GP surgery. Within the care plans end of life care plans were in place which details peoples wishes if they become unwell. Appropriate medicines would also be available to people promptly should their health deteriorate.

There was good links with other health care professionals and the care home team provided good support and training opportunities for staff. (See area for improvement 1).

### 7.2 Infection control practices support a safe environment for people experiencing care and staff

We have assessed that the service is reaching an adequate level in infection control practices which support a safe environment .

Infection prevention and control (IPC) practices were adequate. This meant that further improvements could be made to IPC practices to reduce any risks to people living in the home and the staff team.

Overall, this home was clean and fresh. Domestic staff had undergone additional training and were confident in the use of appropriate cleaning materials and new cleaning schedules were being developed.

Communal areas were mostly clean but there was a lack of detail to ensure that the underside of tables, chairs and bedrails were free from food debris.

There was well maintained provision of PPE in the unit with easy access to PPE stations throughout. Staff said they are confident in challenging colleagues if guidance is not followed. However, some staff were not all aware of or adhering to relevant national guidance. Whilst most staff were compliant with this specific examples of non compliance were shared with the manager to follow up. (See area for improvement 2).

Resident's rooms were clean and tidy but small which makes keeping them clutter free difficult, increasing the risks of transmission of infection.

A number of areas throughout the home required upgrading. The general décor is tired. There were many areas of wear and tear to fixtures, fittings and furniture. Chipped paintwork, worn radiator covers, damage to handrails, floors and walls which could hinder effective IPC.

Monitoring of mattresses and chair cushions needs to be improved, some staff did not know that they should have been unzipping the covers. This is important to ensure that mattresses and cushions are intact and free from any contamination and potential sources of infection. (See area for improvement 3).

Clinical Waste Bins were stored outside in an area which is accessible to the public. The bins were not always locked and would benefit from being within a lockable cage to ensure public safety. (See area for improvement 4).

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

We assessed that the staffing arrangements were adequate to meet changing needs of people.

Staff including housekeeping staff had undertaken IPC training. However the gaps in practice noted on the day of inspection, reflected that further work was needed to ensure staff competency and confidence in IPC. This is to ensure any risk of transmission of COVID-19 is reduced.

Previous staffing difficulties were now much improved and staff were kept up to date about any changes to guidance through briefings at staff handover outcomes of risk assessments and training events.

Staff said they felt supported and no one had any concerns about staffing levels, access to PPE or equipment and cleaning materials. This helped staff to be confident in the duties they were to undertake.

Regular dependency assessments informed the staffing provision to ensure that people needs could be met by the right number of staff.

Agency staff were only used by Facilities Management for domestic staff.

The provider had a contingency plan in place which is to be reviewed and updated following a root cause analysis of the outbreak of COVID-19 in the home.

Staff had access to relevant guidance relating to COVID-19 signs and symptoms and supporting people during the COVID-19 pandemic. Staff were conversant with signs, symptoms and changes to resident presentation which needed to be reported to other relevant health care professionals. This assisted in obtaining appropriate assistance and advice on resident care and support.

### Areas for improvement

1. In order for people to experience high quality care and support that is right for them care plans should:

a) be more outcome focussed including supporting information to show what actions were put in place to achieve this outcome.

b) include evaluative assessments of the information to show where plans need to change or stay the same.

c) include an anticipatory care plan (ACP) with people's preferences for palliative and end of life care. This includes arrangements for DNACPR protocols.

This is to ensure that care and support is consistent with Health and Social Care Standard 1.9 "I am recognised as an expert in my own experiences, needs and wishes"

Standard 1.4 "My future care and support needs are anticipated as part of my assessment."

Standard 1.5 "My personal plan (care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices."

Standard 2.12 "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as a carer, independent advocate, formal or informal representative, are sought and taken into account."

2. In order to keep people safe and have confidence in the people who support them all staff must be aware of the most up to date national guidance and follow this in their everyday work practice including appropriate use of PPE and hand hygiene.

This is to ensure that care and support is consistent with Health and Social Care Standard 3.14 "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 and Standard 4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice."

3.

In order to keep people safe and experience a high quality environment more effective cleaning regimes and checking of mattresses needs be implemented.

This should include developing and using a mattress audit tool which senior staff should audit the checks regularly.

This is to ensure that care and support is consistent with Health and Social Care Standard 5.7 "My environment is secure and safe" and "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices."

4. In order to ensure people are safe clinical waste bins must be locked at all times and would benefit from being within a lockable cage to ensure public safety.

This is to ensure that care and support is consistent with Health and Social Care Standard 5.17 "My environment is secure and safe."

## 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 for residents to have confidence in the people who support and care for them the provider should ensure:

- a) outcomes of residents' dependency assessments inform staffing provided in the home.
- b) consideration is given to other duties required of staff and the lay out of the building.

Involving senior staff and key workers in these assessments may also be helpful to staff to understand how dependency assessment informs staffing in the home.

This is to ensure that care and support is consistent with Health and Social Care Standards 3.15 'My needs are met by the right number of people' and 3.16 'People have time to support and care for me and to speak with me'.

**This area for improvement was made on 11 April 2019.**

#### Action taken since then

Dependency assessments informed staffing in the home. We saw that staffing was adequate to meet peoples needs. This area for improvement had been implemented.

#### Previous area for improvement 2

In order to promote and maintain residents dignity the provider should improve the storage of continence aids in bedrooms.

This is to ensure care and support is consistent with the Health and Social Care Standard principles of dignity and respect which state: " I am respected and treated with dignity as an individual".

**This area for improvement was made on 11 April 2019.**

#### Action taken since then

Continence products were stored discreetly in bedrooms. This area for improvement had been implemented.

#### Previous area for improvement 3

In order for people to experience high quality care and support that is right for them care plans should be more outcome focussed. This would assist staff to evaluate the plans of care and identify where any changes were needed.

This is to ensure that care and support is consistent with Health and Social Care Standards 1.9 "I am recognised as an expert in my own experiences, needs and wishes" and 1.15 "My personal plan (care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices".

**This area for improvement was made on 11 April 2019.**

### Action taken since then

Care plans continue to need to be improved. This area for development had not been fully implemented and we identified other areas of care planning which need to improve. We have made an amended area for improvement.

## Complaints



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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