

# Royston Court Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 March 2021

**Service provided by:**  
City of Edinburgh Council

**Service provider number:**  
SP2003002576

**Service no:**  
CS2016345165

## About the service

Royston Court care home is registered to provide care and accommodation for up to 60 older people. The home is owned and managed by the City of Edinburgh Council and is located in the north of Edinburgh. The home was registered with the Care Inspectorate on 14 February 2017.

The home is purpose-built and divided into four units. Each unit has a sitting room, dining room and assisted bathrooms. All bedrooms have en-suite shower and toilet facilities. A library, hairdresser and recreation room are located on the 1st floor, which can be easily accessed by a lift and stairs. There are gardens to the rear of the building and enclosed patio gardens accessible from the two ground floor units. Parking is located to the front of the home.

The provider states that the aims and objectives of the service include;

'we aim to;

- deliver a service of high standard that will improve or maintain well-being or enable service users to cope with dependence on others
- create a caring environment for 60 service users which will be well maintained, welcoming and enable people to achieve their full potential
- embed a person centred approach to care planning, review and service delivery which promotes individual choice and independence from the point of admission to the end of life
- offer opportunities for meaningful activity, exercise and diversion which allow each individual to experience an optimum quality of life'

A full inspection was carried out in February 2020. A focussed inspection to evaluate how well people were being supported during the COVID-19 pandemic took place in July 2020 with a further follow up inspection in August 2020. An inspection took place in December 2020 which focussed on the requirements and areas for improvement made at these previous inspections. This inspection focussed on the requirements and areas for improvement that had not been met in the December 2020 inspection.

This inspection was carried out by inspectors from the Care Inspectorate.

## What people told us

At the time of the inspection there were 38 people experiencing care in Royston Court. We spoke to six people, their comments included:

"I'm happy here"

"everybody treats me well"

"no complaints - the food's good"

"they're a nice bunch of people".

An inspection volunteer spoke with seven relatives of people experiencing care. Feedback was positive, their comments included:

"the staff are brilliant with the residents - my mum loves them"

"it's a really good home and I'd recommend it to anyone"

"I'm very happy with how mum is being looked after"

"the staff are lovely and treat mum as an individual"

"my mum would not be here today if it wasn't for the great care and attention paid to her by the staff".

**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?	3 - Adequate
How good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

**How well do we support people's wellbeing?**

**3 - Adequate**

This inspection focussed on the four requirements and two areas for improvement that remained outstanding. One outstanding requirement sits under this area of inspection. On conclusion of our inspection activity, we found some strengths that outweighed weaknesses resulting in an evaluation of 'adequate' in this area of inspection. These strengths had a positive impact on people's experience and outcomes.

Our main findings can be found in the 'what the service has done to meet any requirements made at or since the last inspection' and the 'what the service has done to meet any areas for improvement we made at or since the last inspection' sections of this report. The service had met each requirement made during the inspection process. Significant improvements were noted and outcomes for people living in the service were better. We have increased the grades of the service as a result.

**How good is our leadership?**

**3 - Adequate**

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## How well is our care and support planned?

**3 - Adequate**

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

### Requirements

#### Requirement 1

To ensure people experience positive outcomes in their care, by 17 August 2020 the provider must:

- develop care plans in consultation with people living in the service and their relatives/representatives
- review care plans regularly to ensure they reflect changes in people's health and wellbeing
- use quality assurance systems to monitor the ongoing development and review of care plans to ensure these support people's current needs.
- maintain accurate records of all care interventions

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Personal Plans 5(2)(a and b) and Records 19. This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My needs and wishes as agreed in my personal plan, are fully met and my wishes and choices are respected' (HSCS 1:23) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4:14).

**This requirement was made on 28 July 2020.**

#### Action taken on previous requirement

When we visited on 08 December 2020 we saw some improvements in this area. Assessments of people's care needs were taking place but these did not always happen with the same regularity. Assessments did

not always inform personal plans which are used to guide staff on how they should provide support and minimise risks for people.

Work had commenced on the development of quality assurance systems that would monitor and review personal plans but this work had not been completed.

When we visited on 05 March 2021 we saw improvements in all these areas.

Assessments of people's care needs were happening with the same regularity. Assessments related to risk of falling, skin pressure areas, pain and the use of topical medications were being reviewed on a monthly basis. Changes following an assessment or review were being reflected in people's personal plans. Relatives we spoke to could also give us examples of changes to care needs following reviews. One relative commented:

"I'm very pleased with the response on points raised - this was done very quickly and efficiently".

Quality assurance systems had been implemented which monitored the ongoing development and review of personal plans to ensure these support people's current needs. Personal plans were being audited by senior staff and samples of these were reviewed by management on a monthly basis. The quality of personal plans had improved as a result but the service continues to work on improving these further with greater input from relatives.

## Met - outwith timescales

### Requirement 2

By 30 June 2020, the provider must ensure that care plans and associated documentation accurately details residents' skin care needs and actions required by staff in order to meet these needs. This must include, but not be limited to:

- a) the preventative approach planned to keep skin moisturised, healthy and intact.
- b) guidance on settings for pressure relieving equipment.
- c) guidance and recording of re-positioning needs.
- d) accurate completion of re-positioning charts.
- e) evaluation of skin care needs to check if the planned care is working

This is to comply with Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a) proper provision for the health, welfare and safety of service users. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My care and support meets my needs and is right for me' (HSCS 1.19) 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 requirement was made on 3 February 2020.**

### Action taken on previous requirement

When we visited on 08 December 2020 we saw some improvements in this area. The home took a preventative approach to keep skin moisturised, healthy and intact. Guidance promoting moisturisation for people and to help identify sores was displayed throughout the home and staff were able to demonstrate

good knowledge in this area. Nurses from the Health and Social Care Partnership (HSCP) have been working closely with the home to develop better systems in this area which was yet to be imbedded in practice.

When we visited on 05 March 2021 we saw improvements in this area.

SSKINS care bundles charts had been implemented for people experiencing care and were being diligently completed by staff at two hourly intervals. These ensured that people remained comfortable and that any issues with delivering care in this area were recorded and followed up.

Waterlow pressure risk assessment charts were in place and were being reviewed monthly with changes reflected in people's personal plans. Weights were being taken monthly and equipment settings were being altered to reflect any changes to weight.

Re-positioning charts were also being completed regularly.

Guidance for the use of pressure relieving equipment was available in people's rooms and staff showed us how equipment was used to aid people's comfort.

Care plans showed us that due care was given to people's re-positioning needs. Pressure care plans were in use detailing skin reviews, pressure areas and how people should be supported to move

Nurses had delivered staff training in skin care along with the use of Waterlow pressure risk assessments.

## Met - outwith timescales

### Requirement 3

For the health and wellbeing of people living in the service, the provider must, by 17 August 2020, ensure all staff receive training appropriate to the work they perform. To achieve this:

- COVID-19 specific training should be provided to ensure compliance with current Public Health guidance on safe practice (COVID-19 information and guidance for care homes settings)
- infection prevention and control training and regular updates to this must be provided
- the correct and consistent use of PPE should be monitored for compliance
- provide training for staff on stress and distress
- accurate training records must be maintained which show the dates staff attend training and any future training requirements
- systems for monitoring staff practice and identifying areas for improvement must be implemented.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Staffing 15 (b)(i). This is in order to ensure that care and support is consistent with the Health and Social Care Standards 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).

Please note: the elements included in the training requirement made at the 17.12.18 inspection will also be looked at when considering the above requirement. These elements were;

- adult support and protection
- manual handling

- stress and distress
- capacity and consent
- skin care/pressure ulcer prevention

**This requirement was made on 28 July 2020.**

#### Action taken on previous requirement

During our visit on 08 December 2020 we saw improvements in this area. COVID-19 specific training had been provided for staff and processes were in place to ensure this would be constantly revisited. Staff had attended manual handling and stress and distress training and gave examples of how training had improved their practice. Work had commenced on skin care and pressure ulcer prevention training and work was yet to commence on capacity and consent training and adult support and protection training.

When we inspected on 05 March 2021 we saw improvements in this area.

As noted under the second requirement, training had been delivered for staff in skin care along with the use of Waterlow pressure risk assessments. Staff we spoke to displayed knowledge and confidence in this area.

Adult support and protection training was now available for all staff through an electronic learning module. The course covers both adult and child protection and is named public protection. The manager showed us who had completed the training and those who had not undertaken the course had a date for completion marked on their training records.

Capacity and consent training had been delivered by nursing staff from the local area practice and we were assured this would continue. Part of this training had covered looking into the meaning behind statements from people experiencing care to ensure understanding. We saw a good example of this in someone's interaction with a staff member which was also reflected in his personal plan to ensure a consistent approach from staff.

A training matrix was in the process of being completed for each staff member to ensure staff were matched with training appropriate to their role and their training needs.

#### Met - outwith timescales

### Requirement 4

By 30 June 2020, the provider must develop and implement a comprehensive and effective system of quality assurance checks and audits. This should include;

- a) the regular completion of quality assurance checks and audits to support the on-going monitoring of all aspects of the service
- b) where audits or checks are delegated, the manager has systems in place to monitor the quality of the work to ensure that it is of an expected standard
- c) the completion of action plans following quality assurance checks. These should show the improvements needed, actions to be taken, timescale for completion and the person responsible for ensuring the actions are taken. Action plans should clearly record when actions are completed.

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 3 - a regulation regarding the principles of the Act.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

**This requirement was made on 3 February 2020.**

## Action taken on previous requirement

When we visited on 08 December 2020 work had commenced on the creation of a comprehensive and effective system of quality assurance checks and audits. The nurses from the HSCP along with the manager and senior staff in the home had started to look at what and who these checks and audits would involve. This was not yet in operation and as an ongoing piece of work required further attention.

When we inspected on 05 March 2021 we saw improvements in this area.

A sustainability plan had been created by the service and was in operation. This helped ensure personal plans reflected people's current needs, that staff training would be constantly reviewed and that audits in staff use of personal protective equipment (PPE) took place daily. The plan identified 19 target areas for regular quality assurance measures.

The service was clear that although audits had taken place with regularity in the past a shift had to occur to make these more meaningful and ensure that audits are fully evaluated. Systems are now in place with regard to medication audits and the analysis of falls with timescales for review after paperwork has been completed. There have been improvements in the content and depth of analysing tools to the benefit of the health and wellbeing of people experiencing care.

Managers fed back that the assistance from the HSCP nurses had resulted in a better understanding of quality assurance and we felt assured the progress made would continue.

**Met - outwith timescales**

## 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 all staff receive regular, planned supervision, in line with organisational policy. This is to allow staff opportunities for discussion on staff practice, training needs and future development.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

**This area for improvement was made on 17 December 2018.**



**Action taken since then**

When we visited on 08 December 2020 we saw improvements in this area. Work was required regarding the number of people the nightshift team leader had supervision responsibility for. Staff were not always aware of when their next supervision session would be. There were long gaps in people's supervision records and some staff told us they had not received supervision in a long time.

During the inspection on 05 March 2021 we saw some improvements in this area.

The management team had looked at systems of supervision for nightshift workers. There was recognition that the current system was not working meaning supervision timescales could not be adhered to. The deputy manager had spent time in the home working alongside nightshift staff to address this issue. Plans had been proposed for an increase in group supervision with the deputy manager assisting the nightshift team leader with responsibility for this. It was proposed this new system would commence soon.

Staff spoke positively of their experience of supervision and supervision records showed constructive discussions were taking place to enhance staff development. Four members of staff told us they felt supported by the team, seniors and management.

There were still gaps in supervision for some staff members with no set plan to address this. The supervision matrix recording system did not evidence that supervision was taking place when it should.

Although the service has made progress in this area, further improvement is required to consider this area for improvement as met. This area for improvement will be carried forward to the next inspection.

**Previous area for improvement 2**

To ensure people's wellbeing needs are met, the provider should ensure that staff adhere to best practice guidance on the use of PPE and social distancing measures.

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

4:11 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

**This area for improvement was made on 28 July 2020.**

**Action taken since then**

During our visit on 08 December 2020 we saw improvements in this area. Staff on the whole were using PPE appropriately however we saw instances of masks not being worn correctly by staff. PPE supplies were adequate but we identified that this could be improved. Not all bathrooms had clearly marked clinical waste bins although actions had been taken to resolve this.

During the inspection on 05 March 2021 we saw some improvements in this area.

Staff were fully compliant with the use of PPE. Staff changed and disposed of PPE in line with infection prevention and control guidance.

Additional PPE stations had been created around the home to reduce the distance staff had to travel through the home to change and dispose of PPE.

Not all bathrooms had clearly marked clinical waste bins as had been the case on our previous visit. This was brought to the manager's attention who informed us there was an issue with the supply of clinical

waste bins. We also identified that clinical waste bins should be placed in dining rooms to reduce the need for staff to have to leave the dining area to change PPE during meal times.

Although the service has made progress in this area, further improvement is required to consider this area for improvement as met. This area for improvement will be carried forward to the next inspection to allow for planned remedial action.

## 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).

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Staff are led well	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's outcomes and wishes	3 - Adequate

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