

Elaina Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
6 October 2022

Service provided by:
Elaina Care Home Ltd

Service provider number:
SP2005007160

Service no:
CS2005086493

About the service

Elaina Nursing Home is a small privately owned care home. The providers are Elaina Home Care Limited. The home is situated close to the town centre in a residential area of Wishaw, a town in North Lanarkshire. The home is close to public transport routes and Wishaw General Hospital.

The service is registered to provide nursing care to twenty-two older people and younger people with a physical or sensory impairment. The home currently offers accommodation over one level, there is a communal lounge and conservatory with a separate dining room. There are outdoor spaces to the rear of the building that residents can access through the year.

The service aims of the service state "we will endeavour to ensure the home is an extension of the residents former lifestyle and make their stay in the home as stress free, happy and as safe as we can".

At the time of our inspection, there were 17 residents living at the home.

About the inspection

This was an unannounced which took place on 3 and 4 October, between the hours of 09:00 and 16:00.

The inspection was carried out by 2 inspectors from the Care Inspectorate. 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 5 people using the service
- Spoke with 2 relatives who were visiting
- Spoke with 5 relatives by telephone
- Obtained feedback information from 2 health care professionals
- Spoke with 6 staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

People receive a very good standard of care and support.

Staff are knowledgeable, trained and meet the needs of people very well.

Life histories for people would strengthen personalised activities in accordance with their interests and preferences.

The service demonstrated very good practice in relation to infection, prevention and control.

Quality assurance could be strengthened by further audits. These should involve key 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?	5 - Very Good
How good is our leadership?	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.

Residents received a high level of care and support from a consistent and competent staff team, with appropriate referrals being made to external health professionals. Comments from professionals that we contacted included "the residents appear well kempt and staff seem very supportive and caring" and "staff have always managed health residents living with dementia very well. They engage with us and follow any advice". A relative we spoke with told us "I am 100% happy with the care, the staff and the home and I have recommended this home to others".

Records were of a high standard that included updated risk assessments and monthly reviews.

People were supported well with eating and drinking. The meal time experience was calm and unrushed with staff responding to resident's needs in a respectful and discreet manner.

Medication administration and records were of a high standard. We spoke with staff in the care home and saw they dispensed medication in a well organised and safe way.

Equipment was provided to people who needed this to promote their safety, and good monitoring checks were in place during the night to ensure people's needs continued to be met.

Nearly all of the residents living at Elaina Nursing Home mix in communal areas with a continual staff presence. We used the SOFI tool (short observation framework for inspection) which records interaction from staff with people living with dementia. We found that interactions were overall good however, the service should try to include those quieter residents more with discussion and interaction.

Being able to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health is essential to maintain wellbeing. The service offered a selection of activity to people to provide social interaction and some structure to their day. We have recommended that more tailored activity be offered to people that links with their interests and abilities. The benefit of such activity to people should also be evidenced. **(See area for improvement 1).**

Anticipatory care planning was of a very good standard. Reviews were undertaken in accordance with timescales. These could be strengthened further using outcome focussed action plans.

People received regular visitors and some people enjoyed outings with relatives. The service also supported people to use the telephone when requested and privacy was respected. Carers support residents to enjoy lunch outings and visits to caravan to the coast that is owned by the providers. Relatives told us they feel welcome during visiting. Comments we received from relatives we spoke with were very positive, one person told us "I am very happy with the care dad receives, he is very content. Communication is really good and I am always updated of any changes or plans to support care".

The procedures to alleviate risk of infection were of a very good standard. The home was clean and fresh. All staff had up to date training with regard to IPC (infection prevention and control). The management of laundry and linen was carried out safely in accordance with good practice. Cleaning records indicated tasks

undertaken including, deep cleans with spot checks in place. Staff wore PPE appropriately at all times and stock was easily accessed. Equipment, mattresses and soft furnishings had been well maintained and cleaned or replaced as required. The professionals and relatives we spoke with were very positive about the cleanliness of the home.

Observations of staff practice such as handwashing and other tasks were undertaken by management. These procedures should continue to be carried out on a regular basis to promote the health and wellbeing of people and minimise any risk of infection.

Areas for improvement

1. People should be offered activity that is of particular interest to them by linking this to their life histories and likes and dislikes. The benefit of activity should also be evidenced within care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors". (HSCS 1.25).

How good is our leadership?

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 service had a range of quality assurance audits in place to support improvement. These included medication, nutrition, falls, infection control and care plans. There were overviews in place for other key areas. Some of the records held within the quality assurance were historical and reviews of audits were not always evidenced well. The providers have agreed to address this so that records are more clear and easy to follow.

Care plan audits should capture more areas. For example, the updating of risk assessments or how activity supports wellbeing. Some areas of responsibility for quality assurance had been delegated to staff members. Further areas of delegation to staff would promote staff development and strengthen the audits. We recommended that further areas of care, including meal time audits should be in place. **(See area for improvement 1).**

People should have opportunities to provide their views and any suggestions for improvement with regard to the service they receive. We were unable to see current evidence of how the provider obtains the views of relatives, residents and professionals with regard to the service provided. **(See area for improvement 2).**

Staff that we spoke with were very positive about the management team and felt well supported. A variety of training opportunities was in place. Staff had regular opportunities to meet with management to discuss their role, reflect on practice and develop their career pathway. Team meetings took place and staff told us the communication from management was of a good standard. Feedback from relatives and professionals we spoke with spoke highly of the management team.

Areas for improvement

1.

To support ongoing improvement, quality assurance for care plans and the mealtime experience should be in place.

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

2. To promote improvement, supported people or their advocates should be provided with opportunities to give their feedback on the service they receive.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve". (HSCS 4.8)

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

Review meeting minutes should give a clear picture of the persons life over the last six months with actions identified for the next six months.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me'.

This area for improvement was made on 13 November 2019.

Action taken since then

We did not see consistency of these with regard to recording outcomes for people or their goals for the following six months. We have referred to this under the section "How well do we support people's wellbeing?" of this report.

Previous area for improvement 2

The service should review how they are supporting people to spend their day in a meaningful way. The service should develop how they record positive outcomes resulting from meaningful activity.

This is to ensure care and support is consistent with Health and Social Care Standards, which state: "I can choose to have an active and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors" (HSCS 1.25).

This area for improvement was made on 14 March 2019.

Action taken since then

We saw that people had a range of activity offered. Residents also enjoyed lunch outings with care staff and during good weather trips to a coastal caravan. Recording of activity was undertaken that indicated participation. This improvement has been met. We have however, made an improvement with regard to life history work linking to individual activity of interest, under the heading "How well do we support people's wellbeing?" of this report.

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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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