

Cairdean House Care Home Service

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Edinburgh
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Type of inspection:
Unannounced

Completed on:
23 February 2024

Service provided by:
Care UK Limited

Service provider number:
SP2003002341

Service no:
CS2012312459

About the service

Cairdean House is a purpose-built care home for older people and was registered with the Care Inspectorate in April 2013. It is registered for 90 places and has nurses and carers who support and care for people.

The service is provided by Care UK Limited who have other care homes across Scotland and the rest of the UK. Cairdean House is situated at the top of Redford Road in the Colinton area of Edinburgh with easy access to Edinburgh city bypass. The home is set within well maintained gardens with an outlook from the rear to open woodland.

The home is over three floors and is divided into nine smaller living units. Each unit has a communal lounge, dining area, kitchen facilities and en-suite bedrooms for up to ten people. There are secured outdoor terrace areas on the first and second floors. Additional amenities include a café, a cinema room, activity areas, a fine dining room and a hairdressing salon.

At the time of the inspection, there were 74 people experiencing care in Cairdean House.

About the inspection

This was a full inspection which took place from 15 February 2024 to 22 February 2024. Four site visits took place over the course of the inspection. The inspection was carried out by one inspector 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 11 people using the service and 7 of their family members
- spoke with 21 members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People's health and wellbeing needs were being met.
- People experienced warm and gentle care from staff who knew them well.
- People's wellbeing benefitted from regular activity.
- People experiencing care and their families contributed to the development of the service.
- Some work was required regarding the provision of staff meetings.
- The home was clean and welcoming.
- Improvements in the home were guided by a positive attitude towards quality assurance.

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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

People experienced very good health and wellbeing outcomes as a result of their care and support. Staff interactions with people experiencing care were warm, gentle and encouraging. The home had a welcoming and friendly atmosphere. Staff worked hard to ensure people were comfortable and provided reassurance to people when required. This approach from staff helped create a nurturing environment where people could thrive.

Staff treated people with dignity and respect and were focussed on achieving the best possible outcomes for the people they were caring for. Care was delivered at a pace suitable for each person. Staff spent time speaking to people and knew people's history and interests. This meant that trusting relationships were formed between people and the staff who cared for them.

People were being cared for regularly by the same members of staff, although some relatives reported that consistency of staffing could be better. Assessments of people's needs regularly took place which informed staffing levels in the home. People's wellbeing benefitted from regular interaction with staff who knew them well. One staff member commented:

"we know what they love, what makes them happy. It brings me joy that when they're in a low mood, I know what to do to bring them back up".

Relatives we spoke with felt that along with their loved ones, they too were treated with compassion, dignity and respect. One family member told us:

"they become your new community and I'm always offered a cup of tea when I go in. Carers are professional, respectful and caring".

People were able to leave the home to spend time with people who were important to them. People attended events and activities outside the home that they enjoyed. Family members were free to visit their loved ones at a time of their choosing. Staff spoke passionately about the importance of people maintaining contact with friends and relatives. This approach promoted positive wellbeing for people.

The provision of activities in the home was very good. We observed skilled activity staff carrying out events that people enjoyed. Relationships between people experiencing care were developed as a result of well provided activities. Activity schedules evidenced a wide range of activities provided in the home, including daily physical activity. People experiencing care were given their own copy of activity schedules. This meant that people could plan in advance how they would spend their days.

The home made good use of technology to monitor people's engagement with activity work. This also provided a platform for people to review activities they had taken part in. This meant that people could influence which activities were rolled out by the team. The activity team made good use of social media platforms to publicise activity work in the home. Relatives told us they were comforted when seeing photographs posted of their loved ones enjoying themselves.

Entertainers regularly visited the home to perform for people. We saw that visiting relatives were also invited to attend these events. The service had many ideas for bringing the local community into the home and encouraging relatives and people experiencing care to lead on activities. We encouraged the home to continue to build on the good practice displayed in this area.

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

Medication systems were very good. Electronic systems for the administration of medication were in place. Processes were regularly audited with clear plans in place when issues were identified. Areas for storing medication were clean and tidy. This good practice helped reduce errors and kept people well as a result.

A range of charts were in place to ensure people's health and wellbeing was continuously monitored. Communication systems including regular handovers, daily flash meetings and clinical meetings focussed on people's wellbeing. These resulted in actions being taken to support people's wellbeing. This evidenced that staff were aware of the current needs of the people they cared for.

People's requirements for eating and drinking were being met. People had ready access to snacks and fluids. Systems were in place to ensure kitchen staff were knowledgeable about people's nutritional needs. People experienced a sensitive and dignified dining experience. The provision of high quality food helped benefit people's health and wellbeing.

Relatives we spoke with told us they were kept up to date regarding their loved ones and praised the performance of staff. One family member commented:

"(my relative) became very unwell at the beginning of the year. The care that (they) received from the staff here has been phenomenal. Staff sat with (them) to make sure (they weren't) alone. These people have joined our family".

How good is our leadership?

5 - Very Good

We found significant strengths in the leadership of the service which supported positive outcomes for people. We evaluated this key question as very good.

The service demonstrated a positive attitude towards quality assurance. A wide range of quality assurance audits carried out by managers led to improvements being made which benefitted people experiencing care. Accidents and incidents were regularly audited as a means of making improvements to the service provided. This ensured people continued to experience safe care.

Regular meetings for relatives provided an opportunity to be involved in the development of the service. Families received weekly updates informing them of developments in the service. People experiencing care and their relatives regularly completed surveys related to different aspects of the service. This ensured that both groups of people could contribute to the development of the service.

Feedback boards were displayed in the service. These followed the 'You Said, We Did' format which evidenced that suggestions put forward had been implemented. This helped to develop a culture of transparency and accountability.

The provider of the service regularly completed audits to provide an additional layer of quality assurance. A service development plan clearly linked to the Health and Social Care Standards was in place. This pulled together the range of quality assurance measures in operation and ensured that managers had oversight of the positive development work happening in the service.

Staff told us that they felt valued by managers. Staff felt managers were supportive, approachable and knowledgeable. This promoted a positive and pro-active culture in the home. One staff member commented:

"not all managers have the same approach as (the home's current managers). The priority is the residents and their families but from the end of last year, management have reached out to staff in a way that we feel more engaged with the management. We're being heard more - and this has led to actions being made to make things better for us".

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 completed training that was relevant to their roles. Training records were kept which evidenced that some pieces of training were overdue. Managers were aware of this and had plans in place to resolve this. Staff told us training was encouraged and that time was allocated to them to complete pieces of training. People experienced care from well trained staff who were knowledgeable about their health related issues.

Staff carried out their duties in a way that demonstrated an understanding of the training they had received. Conversations with staff also evidenced their knowledge in caring for people. Staff spoke positively of their work and told us they were proud to work in the home. Safe systems for recruitment were in place. This ensured staff had a good value base and kept people safe as a result.

Arrangements for the one to one supervision of staff were in place but schedules were not always adhered to. The service already had plans to make improvements in this area. Themed group supervision sessions were in place which focussed on developing staff practice. We suggested implementing a series of staff practice observations which could contribute to staff supervision meetings.

Team meetings were in place but were not well attended. The service had plans to implement unit meetings. This would help increase staff attendance at meetings and keep staff engaged with the development of the service. Some staff told us they found it challenging to switch off from work when leaving the building. We asked the service to look at ways to promote positive wellbeing amongst the staff team.

Structures were in place to reward staff for good practice. Staff were nominated for GEM (Going the Extra Mile) awards by colleagues, people experiencing care, visiting relatives and other professionals visiting the home. This created motivation in staff to perform to the best of their ability. One staff member reflecting on their time in the home commented:

"when I started I wasn't confident, but now I do feel confident. I want to try new things and learn more. I feel valued. I won GEM of the month, people nominated me. I think that was really nice, shows as staff you do feel appreciated."

Relatives noted a positive culture within the staff team. One family member told us:

"the people that we interact with are here because they have a passion to be here. If staff have moved to other floors, they still interact with us and pop in to say hello to (our relative). It shows me they really do care. They've not forgotten (them)."

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.

We considered the environment to be enabling for people experiencing care. The building was warm, comfortable and airy. People could make use of indoor communal areas and support was given to people to access these if required. A range of communal areas created meant that people could experience visits to a hairdressing salon, a trip to the cinema and meeting friends and family at a large cafe area. This resulted in relationships being formed which led to a better quality of life for people.

Care equipment was subject to regular maintenance checks to ensure items continued to be safe for people to use. The building was clean, tidy and peaceful with no intrusive noises or smells. Schedules were in place to ensure good standards of cleanliness were upheld. Good cleaning practices ensured a pleasant living environment for people and improved their wellbeing outcomes.

A series of environmental checks were in place to ensure the upkeep of the building. Although the cleanliness and maintenance of the building were good, the general appearance of some areas of the home required attention. Plans were in place to facilitate this and we encouraged the service to continue making improvements in this area.

Relatives reported they found the environment to be homely and welcoming. One relative commented:

"it feels like (my relative's) home and that's the atmosphere that comes across. We saw a few homes before choosing Cairdean, some of the all-singing and all-dancing ones. As soon as I walked through the doors, I felt it was home."

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.

Personal plans contained comprehensive information. Guidance was available for staff to follow to ensure people's needs were being met. People's preferences for how care should be delivered were clearly noted in plans. Where risks were identified, assessments had been carried out to ensure risks were reduced. This helped people remain as independent as possible whilst ensuring they remained safe.

Personal plans contained anticipatory care plans and people's wishes for resuscitation were noted with DNACPRs completed when this was people's chosen outcome. Contacts for relevant health professionals and family members were noted in plans. This meant that people could be quickly contacted when issues arose.

Six-monthly reviews of people's care and support needs were in place although timescales were not always adhere to. Relatives were also invited to contribute to monthly reviews of their loved one's care. Family members we spoke with informed us reviews were worthwhile and meaningful. This ensured care and support delivered was responsive to people's changing needs.

Some work was required in embedding systems for personal plan auditing by leaders. We identified some minor errors in personal plans which auditing processes would identify. The service were aware of this and had plans to drive improvement in this area.

Good personal planning led to good care processes which met people's needs. Relatives felt assured their loved ones were being cared for to a high standard. One relative commented:

"it feels like a bit of a partnership. If we notice anything different or unusual with (our relative) we flag it up with them and they take action straight away. It feels like it works which is really good".

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

To ensure people's personal care needs are fully met, the manager should ensure that people's personal plans include information about their personal grooming and nail care needs. This should include, but is not limited to, details of who is responsible for providing the support, how often the support should be provided, and strategies to help reduce the person's stress and anxiety, where applicable.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'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 20 June 2022.

Action taken since then

Personal plans detailed people's personal grooming preferences and nail care needs. Nail care had also been incorporated into activity work which people enjoyed. Relatives praised staff attentiveness in this area. Seniors had been tasked with improving personalisation in people's plans on an ongoing basis. This was a focus area in the home's service development plan.

This area for improvement has been 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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