

Eagle Lodge Care Home Service

488/1 Ferry Road

Edinburgh
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Type of inspection:
Unannounced

Completed on:
28 February 2024

Service provided by:
Salvation Army

Service provider number:
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Service no:
CS2003010900

About the service

Eagle Lodge is a care home registered to provide care for up to 35 older people. The service is provided by the Salvation Army which also has other care services throughout the United Kingdom.

Social care staff care for people living in Eagle Lodge. There are team leaders, a head of care, an administrator and a home manager. Community nurses support the staff with any nursing care people may need and the care home has a dedicated visiting GP service.

The home is situated on Ferry Road in Edinburgh. There are garden grounds to the front and back of the building and car parking is available at the front of the home.

The home has three floors and a lift. The main lounge and the dining room are on the ground floor, the kitchen is off the dining room. There is also a seating area in the dining room overlooking the front of the home. There is a smaller dining room on the ground floor, a quiet room and lounges/dining areas on the first and second floors. There is an activities room and a hairdressing room for people to use.

At the time of inspection renovations to the dining room and lounge on the ground floor were in progress with alternative dining arrangements in place for people experiencing care. The renovation works were due to be completed by June 2024.

There is a community cafe in Ashbrook House adjacent to the care home which has continued to be well used by people experiencing care and their friends and relatives since opening. Ashbrook House is also used to host events organised by the care home.

There were 30 people resident at the time of the inspection.

About the inspection

This was an unannounced inspection which took place 21 and 22 February 2024. 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people experiencing care
- spoke with six relatives
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals

Key messages

- The care home had a warm and welcoming atmosphere
- People experienced compassionate, sensitive care from a dedicated staff team
- People were supported to engage in a range of activities and events
- The care home was undergoing renovations to improve people's living space
- Improvements were needed to demonstrate that people were being supported consistently well with their skin health
- The quality of people's mealtime experience could be improved through regular consultation with people experiencing care.

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?	4 - Good
How good is our leadership?	4 - 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?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

There was a warm, welcoming and homely atmosphere at the care home with relatives and friends enabled to visit freely and spend quality time with their loved ones. We observed positive, warm and engaging interactions between people experiencing care and their staff. We heard comments such as 'they go way beyond the call of duty', 'staff are all so caring - fabulous' and 'there is real love here and staff really do care.' People told us that they were treated with kindness, dignity and respect and were very happy with the recent appointment of the head of care whom they knew and trusted to put their needs and wishes at centre. Staff knew people's needs, preferences and wishes well. They supported people with sensitivity offering appropriate reassurance and comfort to people who may experience distress. People told us that there were some high quality agency staff employed but when new agency were on this could affect the quality of their care experience. This meant that people expressed high confidence in their regular care staff but there was scope for improved consistency to their quality of care.

We have asked the provider to review and update the 'Mental Capacity' sections of each person's personal plan so information relating to capacity and consent is clear and well documented. This is to include consent to taking and sharing of photographs and personal information along with the purpose for doing so. Where a person is assessed as lacking capacity to give informed consent, documents should be signed by those with the authorised powers to do so. (See area for improvement one)

People and their relatives commented positively about the range of activities available both inside the home and in the wider community. The activity coordinator brought energy and enthusiasm to their role supporting people to engage and participate in the range of activities available. The chaplain supported people with their spiritual needs as well as spending individual time with them and their families. There was very much a family atmosphere with staff from different departments all contributing to the warm atmosphere evident at the home. The care home used social media as a platform for relatives to see the range of events and activities their loved ones were involved in. This was particularly meaningful for those living at a distance as it kept them up to date and connected.

The service used a range of health screening tools to monitor people's health needs and any associated risks such as undernutrition, falls and skin damage. These screening tools were used to identify when changes to people's support were necessary or where people may need additional supports put in place. Any specialist equipment used to support people with their mobility was detailed in their personal plans. Staff were responsive to any changes to people's health and social support needs. We received positive feedback from visiting health professionals about the way the service communicated with them and responded to their advice. There were robust systems in place for managing and auditing medication, however there were a number of gaps and discrepancies found in the way people's prescribed creams were being recorded. We have continued a previous area for improvement in relation to people getting the right support to promote their skin health. (See area for improvement two)

Some people expressed dissatisfaction with the quality of their food and would like to see changes so that fresh food is prepared on site. An outside catering company had provided the meals for a number of years and the contract was due to be reviewed. There needed to be a coordinated approach to gathering views

about people's mealtime experience in order for people's experience on a day to day basis to be captured and any improvements needed acted on. We have continued a previous area for improvement relating to the quality of food provision. (See area for improvement three)

Areas for improvement

1. To support people's legal rights the provider should review and update the capacity and consent sections of people's personal plans with all relevant information and supporting documentation.

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

2. To support people's skin health the provider must evidence that people are being effectively supported with their prescribed creams and staff are recording care interventions consistently.

This is in order 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)

3. In order to ensure that people enjoy their meals and have their preferences catered for, the provider should improve the quality of the mealtime experience using feedback from people who use the service and take action to improve the quality of the food.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that : 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33) and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37)

How good is our leadership?

4 – Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People told us that they were looking forward to having stability in their management and leadership arrangements after having experienced a considerable amount of changes over the past years. The recently appointed manager and head of care were working to a service improvement/action plan and identifying areas that needed prioritising. People experiencing care told us that they hoped to see the manager on a more regular basis now that they were established in post. There had been introductory relative and resident meetings and there were plans to hold these on a regular basis. Team leaders were actively supporting staff and monitoring their practice and we heard positive feedback from staff about the management and leadership arrangements. Flash meetings were held on a daily basis to share information across departments and identify any areas for attention. The recently appointed assistant director for older people spent time at the service overseeing arrangements as well as supporting the new manager through their induction. The Salvation Army had well established quality monitoring processes including a

comprehensive service audit carried out by the Salvation Army's quality assurance officer. This meant that people could be assured that there were effective systems in place to regularly monitor all aspects of the service.

The management team undertook numerous quality assurance audits throughout the service. These audits checked that health screening records, medication, finance records, accident and incident records and other monitoring tools were being completed to the expected standard. Managers were using the audits to identify strengths, spot errors or areas for improvement and identify necessary actions. The management team were progressing any areas identified for improvement at the time of inspection. This meant that people benefitted from a culture of continuous improvement, with the service having robust and transparent quality assurance processes.

Monitoring the quality of the service that people experience during night time hours is an important aspect of quality assurance. We have asked the management team to carry out spot checks and observations of staff practice and competencies during the night. (See area for improvement one)

Areas for improvement

1. To support people's safety and wellbeing the provider should ensure that all staff have their care skills and care interventions regularly assessed and recorded well. Practice observations and competency checks should be carried out to monitor the quality of people's care experience during night time hours.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

How good is our staff team?

4 – Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Staff were being supported in their learning and developing and had access to support and supervision from their line managers as well as regular training opportunities. There was a staff induction process for new employees to support them in their learning and development and to gain qualifications necessary for their continued professional registration with the Scottish Social Services Council (SSSC). The staff training plan identified training completed and training due. The management team were arranging any outstanding refresher training due at the time of the inspection. Staff had opportunities to meet with their line managers to discuss their work and any learning and development needs. This meant that people could have confidence that the staff providing their support were receiving ongoing training to support them well and were able to reflect on their practice and follow their professional and organisational codes.

The management team monitored adherence to the staff supervision policy to ensure that staff received ongoing support in their development. Staff had experienced a number of changes to their management and leadership but expressed positivity about the service moving forward under new leadership arrangements.

The management team should now gather feedback from staff at all levels about the quality of their training, induction and support and use staff feedback/survey information to continually improve the staff learning and development programme. The management team were getting systems back on track to ensure that staff competency checks, observations and appraisals were being regularly completed. Newer staff and long term agency staff spoke positively about the support from experienced colleagues and felt included and welcomed into the team. Staff also expressed that there were good internal communication systems such as regular handovers and team meetings which kept them up to date about people's support needs and any important information. This meant that people could be assured that those providing their support worked well together and communicated effectively.

The service maintained good staffing levels and had five team leaders in post. The provider had increased the staffing levels at night in response to the changing needs of residents. The service used a dependency tool which supported identifying when there was a need for increased staffing. We observed that on occasion staff were unaware of people's whereabouts and this could compromise people's safety and privacy. It was a busy time at the service with the renovations going on and the service were reviewing arrangements to ensure staff were deployed effectively across each floor where people reside. We heard that at times it could take a while for staff to respond to the buzzer when someone needed support. The provider should monitor call response times and identify any reasons for delays. The service were actively recruiting at the time of inspection. Having more staff recruited to permanent posts would provide people with more consistency and stability in the quality of their care. This meant that people could be assured that their provider was regularly monitoring their staffing arrangements but there could be further improvements made to improve the availability and presence of staff at busy times.

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

In usual circumstances people had access to a communal lounge and dining room on the ground floor and this was the hub of the home. Due to renovations alternative arrangements for dining and leisure were in place. While this was causing some disruption to normal arrangements the management team were reviewing how things were working and making any necessary adjustments so that the available space was used to best effect. We saw good use of a vacant flat for the soup making group and other activities and that small group living dining arrangements were working out well for some people as it afforded them more peace and privacy. This meant people could be assured that their care provider was regularly reviewing their environment.

Relatives commented on how supportive staff were in accommodating them when staying overnight with their relatives as well as being able to be with their loved ones during mealtimes and sharing in activities happening in the home. We heard from a relative that they had visited several homes and although some had state of the art facilities they 'lacked the warmth, love and homeliness' that was immediately evident at Eagle Lodge. This meant that people experienced a relaxing and comfortable environment where their loved ones were very much included and involved.

There were effective systems in place to promote people's safety and reduce any spread of infection and a contingency plan was in place in the event of any outbreak of infection. Staff were trained in infection control and there was strong housekeeping leadership which resulted in people's living space being maintained to a high standard of cleanliness. We heard that standards could sometimes slip over the

weekend and sometimes the laundry arrangements were not as effective then. We have asked the provider to monitor weekend arrangements to ensure people experience a consistently high standard of environment. The management team should continue to spot check the environment on a regular basis to ensure that people's safety needs are being upheld. The provider was responsive to feedback received following our environmental audit and quick to find solutions to any issues.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The provider used an electronic system for care planning and recording. This provided a coherent timeline of care provided to people and alerted team leaders if there were any outstanding actions that needed addressed. The service had continued to make progress with personal planning with some plans demonstrating consultation with people and their relatives. Personal plans sampled contained good detail about people's likes/dislikes, interests, life histories and communication preferences. The plans gave a real sense of people's individuality and what was important to them. The activities sections were now being added to more frequently reflecting some of the activities people had been involved in. Some people's activity charts demonstrated regular engagement while others had fairly long gaps so further work is needed to demonstrate the choices and opportunities available to people on a day to day basis. Personal plans were being audited so that any discrepancies or updates required could be addressed. This meant that people could be assured their care provider was regularly checking that their personal plans reflected their current health and social support needs.

There had been some delays in organising six monthly care reviews though the new management team had a care review check list and were planning for any outstanding reviews at the time of inspection. We discussed with the provider having minutes of people's care reviews readily accessible within the electronic planning system. This supports demonstrating that actions agreed at care reviews are included in people's personal plans and outcomes are being regularly monitored.

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 to ensure that people are receiving the right support for their assessed care needs including having prescribed creams applied in line with skin care plans, the provider should ensure that staff practice is monitored and care records are being completed consistently.

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me..(HSCS 1.19)

This area for improvement was made on 4 January 2023.

Action taken since then

Although there had been some improvements made with some staff recording prescribed creams well, there remained gaps in recording and discrepancies in relation to prescribed creams on the electronic administration charts. This meant we could not evidence that people were receiving consistent support with their skin health needs. We have continued this area for improvement under Key Question One 'How well do we support people's wellbeing?'

Previous area for improvement 2

In order to ensure that people enjoy their meals and have their preferences catered for, the provider should improve the quality of the mealtime experience using feedback from people who use the service and take action to improve the quality of the food.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33) and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37)

This area for improvement was made on 4 January 2023.

Action taken since then

Although steps had been taken to accommodate people's choices and dietary preferences there was a lack of a co-ordinated approach to gathering people's views of their mealtime experience and the quality of their food. We have continued this area of improvement under Key Question One 'How well do we support people's wellbeing?'

Previous area for improvement 3

In order that people are kept safe and protected the provider should ensure that cleaning products for shared use equipment are readily available to care staff and that records of cleaning are maintained. This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe.' (HSCS 5.17)

This area for improvement was made on 4 January 2023.

Action taken since then

The provider had purchased a number of small lockable units to hold cleaning chemicals close to where they were needed. Records of cleaning of the building and shared equipment were being maintained. This area for improvement has been met.

Previous area for improvement 4

In order that people can be assured that robust systems are in place for responding to a recording any concerns or complaints, the provider should review how any issues raised with them about the people's quality of care and support are well documented in line with the organisation's complaint policy and procedures.

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I know how, and can be helped, to make a complaint or raise a concern about my care and support.' (HSCS 4.21)

This area for improvement was made on 4 January 2024.

Action taken since then

Complaints received were clearly logged with dates and outcomes demonstrating that the complaint procedures was being followed. Information about how to make a complaint was also available at the entrance to the building. Softer concerns were also being captured and recorded. This area for improvement has been met.

Previous area for improvement 5

In order that people can be assured that all staff supporting them have the necessary resources and skills the provider should develop action plans which identify whether agency staff will be used again and if so what ongoing support and mentoring they will require.

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 4 January 2024.

Action taken since then

The provider had systems in place to monitor the quality of support when agency staff were used. They had also developed an induction programme for agency staff to support them to familiarise themselves with the systems at Eagle Lodge. This area for improvement has been met.

Previous area for improvement 6

In order that people's skin health and skin integrity is promoted and monitored consistently, the provider should source further training for the staff team in tissue viability and pressure sore prevention.

This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support because people have the necessary information and resources.(HSCS 4.27).

This area for improvement was made on 4 January 2023.

Action taken since then

Training had been organised for staff so that they had improved knowledge of tissue viability and pressure sore prevention. The provider was planning further training for newer employees so support their learning and development. 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?	4 - 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	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - 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
3.3 Staffing arrangements are right and staff work well together	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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