

Eastwood Court Care Home Service

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Giffnock
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Type of inspection:
Unannounced

Completed on:
29 February 2024

Service provided by:
Larchwood Care Homes (North)
Limited

Service provider number:
SP2011011695

Service no:
CS2011301138

About the service

Eastwood Court Care Home is registered to provide residential and nursing care to 52 older people. There were 47 residents living in the home during our inspection. The provider is Larchwood Care Homes (North) Limited.

Accommodation is over three floors. The ground floor has a large communal lounge space, large dining room and a conservatory for residents to use and there is access to an outdoor space. There is a combined lounge and dining area on the second floor, and a small lounge on the first floor. There are plans to develop this first floor lounge into a combined lounge and dining area that will match the one on the second floor.

The home is situated in Giffnock, East Renfrewshire and has its own private car park. It is close to good transport links and local services.

About the inspection

This was an unannounced inspection which took place from 27 to 29 February 2024. The inspection was carried out by two 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 six people using the service and 17 of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with a representative of the commissioning team
- received survey responses from 13 relatives, three residents and 12 members of staff.

Key messages

- The staff team supported people with kindness and compassion.
- The management team have awareness of the strengths and challenges in the home and are working to make improvements that will ensure good outcomes for everyone.
- Recruitment has been a significant challenge, and this has made it difficult to sustain improvements.
- Staff members need more support and direction to implement learning to ensure that best practice is followed.
- The service was making progress with ensuring all personal plans were up to the same standards.

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 good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Our observations of staff showed a team who treat people with kindness, compassion, dignity, and respect. We observed people being supported with personal care discreetly. The home supported several people who were living with advanced stages of dementia, and we saw that people were allowed to freely walk with purpose or relive behaviours from their previous work or home life. Seating available in corridors allowed people to rest when needed. We observed staff joining people on the floor if that was where the person preferred to sit. We found it to be a positive aspect of people's care, with staff ensuring that they met people's needs while not causing distress. This meant that people were supported with dignity, compassion, and respect.

We reviewed recording of medication that had been administered and found that this was completed satisfactorily. Where people had medications to be administered 'as required' the effectiveness of these was not always recorded and not all people had protocols in place for these medications (**see area for improvement 1**).

When people were supported to eat and drink this was done with compassion, allowing people time to enjoy the experience. People's weights were monitored, and supplementary calories provided to those who needed them. People seemed to enjoy the food. The dining experience for people could be improved by offering a choice of dining rooms when the room adaptation is completed.

The home engaged well with external professionals where appropriate; such as dietitians, falls prevention team, speech, and language therapists, and they accessed support from East Renfrewshire's Care Home Collaborative. People were well supported with skin care, appropriate mattresses and plans to reposition people in their beds. This helped reduce pressure wounds. This meant that we were confident people's health needs were being addressed and referrals made when required.

The provider had devised weekly, individual recording books. Each resident of the home had one and this was used for daily recordings. This was an effective way of ensuring that relevant information was kept together and accessible. We found that record keeping could be improved despite our inspection taking place following additional training and supervision on this area. This meant that care interventions could not always be evidenced (**see area for improvement 2**).

We observed that care staff engaged in positive interactions with people. These happened in the large communal lounge on the ground floor. This included nails being painted and having a song and dance together. People were smiling when taking part in these ad hoc activities. Nail painting provided additional benefits such as intensive one to one interaction between the person and the staff member. The home had visits from singers, TheraPet and was about to start having a church service within the home. There were weekly visits from a hairdresser and a barber.

The activities workers were absent during our inspection and that may have contributed to the lack of stimulation we observed however comments from families have indicated that there is often a lack of stimulation for people in the upper floors of the home. There was also a need for more social stimulation for people who chose to spend time in their rooms. The new larger lounge on the upper floor and the anticipated additional lounge should be better utilised to ensure that a variety of options for social stimulation are available on all floors of the home. People should be encouraged to engage in different activities in these as well as using these for mealtimes. We discussed with the management team their plans for the activities team and how best to ensure that they coordinate activities and meaningful connection for residents in all areas of the home. The manager had already identified this as an area for improvement and was working alongside the activities team to develop a different approach to activities in the home.

Areas for improvement

1. The service should ensure that the outcome or impact of any "as required" medication administration is recorded appropriately. This will allow for monitoring of its effectiveness.

This is 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) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. Recording of care interventions should improve to accurately reflect people's experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

The care home's management team had a good level of awareness of where improvements were needed. An external audit had recently been completed and this information provided the management team with actions to add into an improvement plan for the service. Internal audits were carried out monthly on a range of areas including Infection Prevention and Control, mattress checks, care plans, catering, medications, pillows, environment, privacy dignity and respect audits, rooms, and skin integrity. Actions arising from these were added to the action plan.

The manager learned from incidents, accidents, and complaints. We saw that actions were taken to address areas where improvements were needed. These actions included additional training opportunities and mentoring support from the Health and Social Care Partnership.

Staffing challenges meant there was inconsistent leadership from the staff in charge of shifts. The reliance on agency nurses meant it was difficult to embed and sustain changes and improvements. Agency use also meant there was a lack of 'on shift' leadership and support for putting learning into practice. At the time of our inspection, two nursing posts had been filled but were awaiting start dates. It is expected this will support improvement **(see area for improvement 1)**.

Areas for improvement

1. A culture of leadership should be embedded within the home with leaders at all levels taking responsibility for quality assurance. To do this the provider should provide staff with the information, tools and skills they need to demonstrate leadership.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: '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?**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Staff recruitment followed good practice guidelines and all staff providing care to people were required to successfully complete a robust induction programme to ensure they had the skills and knowledge to care for people well.

Supervision and staff meetings were held regularly and were used as opportunities to discuss training and the expectations management had of staff. This supported staff development and effective communication.

There was a programme of mandatory training that was monitored by the manager to ensure compliance. Additional training had been put in place in response to areas which had been identified for improvement. This included record keeping and training on supporting people who have dementia. This meant that staff members were given appropriate training that met the identified needs of the people living in the home.

Staffing levels in the home were sufficient to meet people's needs and were assessed regularly as people's level of need changed. The home relied on agency staff to ensure that staff levels were sufficient. The use of agency staff impacted on the service's ability to implement the training the staff had received (see Key Question 2). Additional staff had been appointed and start dates arranged to support ongoing improvement.

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.

The home offered a choice of communal areas which were comfortable and homely, and the standard of cleanliness was good. Furnishings were in good condition and pathways were free from clutter. The domestic team were not all aware of the National Infection Prevention and Control manual published by NHS Scotland and as a result were not consistently applying the best practice standards. This was addressed during the inspection and the manager agreed to ensure the manual was available to the domestic cleaning team.

Schedules for the ongoing maintenance of the building and equipment were in place, carried out and monitored regularly. This gave us confidence that the setting was safe and well maintained.

There was ongoing development to the building with increased communal space on the top floor and plans in progress to develop the same on the first floor. However, communal space could be better utilised to provide people with choice when it comes to activities, social contact, and dining (**see area for improvement 1**).

Bedrooms were nicely presented and personalised. This gave people a sense of belonging. En suite bathrooms promoted privacy. Additional facilities and equipment was provided in keeping with peoples individual support needs.

People benefited from access to a pleasant outside space when the weather permitted.

Areas for improvement

1. The manager should review the use of the available communal space to provide people with choice when it comes to activities, social contact, and dining.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1) and 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

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

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

At the time of the inspection the management team were in the process of reviewing and updating all the personal plans in the home. This included transferring them into an electronic file that could be more quickly updated than the original handwritten ones. We sampled a selection of care plans from each floor of the home. We found that those which had already been updated and reviewed were clear and well written. Updated care plans were person centred and included examples of people's likes, dislikes, life histories and routines. Personal plans were regularly reviewed to ensure that they still met people's needs and plans were updated accordingly. This meant that staff were informed about people and were able to use this information to provide person centred care.

Personal plans were developed using risk assessments and included input from other relevant professionals when required, for example support for nutrition and support to prevent falls. This meant that people's care was based on good practice and appropriate assessments of risk.

Work was ongoing to ensure all personal plans set out how people's needs should be met in accordance with their wishes and preferences.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing 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

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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