

# Royston Court Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
27 February 2024

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

**Service provider number:**  
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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.

## About the inspection

This was an unannounced inspection which took place on Monday 12 February, Tuesday 13 February, Wednesday 14 February and Thursday 15 February 2024. Feedback was given on Tuesday 27 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 people using the service and their family, friends and representatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Some people benefitted from activities to help them get the most out of life.
- People's views were not routinely sought and used to help improve the service.
- Medication and pain management needed to improve.
- Ways to monitor the service needed to be put in place to help drive improvement.
- Improvements in care planning should continue to promote better care for people.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	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?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths were identified, these were compromised by significant weaknesses. As these weaknesses concerned people's rights to make choices and being listened to, we have made several requirements for improvement.

There was inconsistency in how people experienced their care and support from the staff group at Royston Court. Where staff demonstrated warmth, kindness and compassion in how they supported and cared for people and interacted with people's relatives, this had a positive benefit for people's mood and how they experienced their care. Not all staff were able to build good relationships with people and this had a negative effect on the distress of some residents and their relatives. When staff showed an enabling attitude towards people, this made residents feel safe and happy in their home. For example, staff supported someone through a bereavement and this had a substantial positive effect. This contrasted with how people showed signs of stress and distress or frustration because they were not always heard or acknowledged by some of the staff team. The positive aspects of the staff culture should be promoted consistently throughout the staff group. We have addressed this under the section **How good is our Leadership?**

The rights of people to move freely around the home and have access to all the facilities as independently as possible were not well understood. Some areas of the home were locked with key pad locks. Restrictions to people's movement were not designed to benefit the individual, were not risk assessed or clearly documented. The provider must take action to make sure that people's rights are upheld. **See requirement 1.**

The activity coordinator had an enabling attitude and helped people get the most out of the time that she spent with them. Residents, relatives and other staff were complimentary about individual and group activities that they took part in and residents were excited to be planning individual activities from their wish list. This aspect of the service was good but was limited because there was only one activity staff member working in the service. We were concerned that people who chose to spend time in their rooms, or were cared for in bed, were unoccupied and had little stimulation apart from during essential care. The provider had plans to recruit more activity staff which should help improve this; action should be taken to support people in bedrooms to get more out of life in the meantime.

People looked smart, clean and well dressed. Their personal appearance and clothing was well kept. People's health needs benefitted from having nurses in the staff group and General Practitioners who regularly attended the home.

However, some aspects of care needed to be improved and we had concerns about the management of people's medication.

People did not always receive the right medication at the right time, which had the potential to affect their wellbeing. The use of 'as required' medication for pain, and more generally the assessment and management of pain, was not well understood or well managed. Prescribed supplements to help maintain people's weight were not given when they should have been. The provider must take steps to improve this. **See requirement 2.**

Improvements were needed in how the service kept people's skin healthy. People's skin integrity was at risk because topical medication was not administered as prescribed and equipment used to relieve or reduce pressure injury was not set correctly. **See requirement 3.**

People's health benefitted from oversight of their risk of malnutrition from a qualified dietician. The dietician was able to liaise with the cook to help people eat well and maintain or gain weight if necessary. Mealtimes were inconsistent experiences for people. Some aspects of food provision and the mealtime experience were good, while others needed improvement. The quality and taste of the food was described as good by residents. However, some people told us their food was cold and portion sizes were small. Some dining rooms were not well organised and as a result, we observed that people became bored waiting to be served and one resident became distressed, which upset the other residents in the dining room. People were not able to make choices about their meals because menus were not available to people and visual choices were not offered to them. As a result, people did not know what options were available and were not able to express their preferences.

In order to make the dining experience and provision of meals more positive for people, the provider needs to implement effective quality assurance systems which will monitor and improve this on a continuous basis. We have addressed this under the section **"How good is our leadership"**.

## Requirements

1. By 27 May 2024, the provider must ensure that people's rights are protected and promoted and that they experience no discrimination.

To do this, the provider must, at a minimum,

- a) ensure any restrictions which affect people's freedom to move around inside and outside the care home are evidence-based, proportionate and comply with legislation
- b) implement a system to assess and record decision making before applying restrictions, ensuring that risk assessments are in place, regularly reviewed and updated
- c) ensure any measures which are restrictive, take account of the needs, wishes and preferences of the person and their legal representatives and include consent to restrictive measures
- d) provide sufficient staff support to minimise any restrictions and promote use of all the facilities in the home.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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

"My human rights are protected and promoted and I experience no discrimination" (HSCS 1.2); and "If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively." (HSCS1.3)

2. By 27 May 2024, the provider must ensure they keep people safe and healthy by ensuring that all medications are managed and administered as prescribed. To do this, the provider must, at a minimum:

- a) ensure that staff who administer medications are appropriately trained
- b) ensure that administration instructions are detailed as prescribed, given as prescribed and a record of administration or omission is maintained

- c) ensure that this includes all medication, including 'as required' medicines, medication to manage pain, topical medication, nutritional supplements and prescribed toothpastes
- d) implement a system to monitor medication management regularly.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that 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 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)

3. By 27 May 2024, the provider must promote people's health and wellbeing by ensuring that people's skin is well cared for.

To do this, the provider must, at a minimum:

- a) ensure Topical Administration charts show clearly where ointments, creams and preparations should be applied, the quantity and how often
- b) monitor the application and use of skin preparations alongside assessment of people's skin
- c) implement a system to ensure mattress pumps are correctly set and monitored when people are in bed.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"Any treatment or intervention that I experience is safe and effective"(HSCS 1.24) and "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)

## How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned people's wellbeing we have made a requirement for improvement.

People's views were not being heard and complaints were not properly logged. Recording complaints helps to make sure that the right procedures are followed. The provider must ensure that complaints are properly recorded and responded to and that information from complaints can be used to improve the service. **See requirement 1.**

While there were some methods in place to monitor aspects of the service, such as auditing, these were not implemented in a consistent way and the findings were not followed through. This meant that practice did not change and learning and development opportunities were not identified, which made the quality assurance processes largely ineffective.

Staff mainly saw quality assurance processes as an additional task and did not understand how the process could benefit them and the people they supported.

There was a lack of analysis of incidents, accidents and falls and no demonstrable effort to learn from these or use information to mitigate risks to people.

Although the manager and staff felt that they did a good job, the lack of clinical and care governance oversight meant that risks to people were not identified or reduced and the service could not improve and develop. **See requirement 2.**

Following a complaint investigation, an area for improvement was made about ensuring that staff access training relevant to their role and apply training in practice. We were unable to establish that suitable training was taking place to keep staff up to date and there was no evidence of management overview and planning for staff training. The area for improvement set out the need for staff to maintain accurate records and store these appropriately. While we were told that some sessions had taken place, not all staff had attended and the content was not shared with us. We found care and maintenance records which were misfiled or not available. As a result, this area for improvement has been included in the requirements we have made about quality assurance and governance. **See requirement 2.**

## Requirements

1. By 27 May 2024, the provider must enable people's rights to be promoted and upheld by ensuring that people's views are used to inform people's individual care as well as the running of the care home.

To do this, the provider must, at a minimum:

- a) develop a plan to consult residents, relatives and staff and obtain people's views
- b) set out how this information will be used to support the development of the service.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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) and

"My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions". (HSCS 2.11)

2. By 27 May 2024, the provider must ensure they keep people safe and healthy by ensuring they assess and reduce risks.

To do this, the provider must, at a minimum:

- a) ensure that they record, assess and analyse all falls, accidents, incidents and complaints so that learning and improvement can take place
- b) demonstrate how that analysis has led to action or changes in practice
- c) ensure staff training records are analysed. Training is prioritised, planned and delivered to ensure staff receive training that is necessary, up to date and appropriate for their role
- d) ensure care plans are accurate, up to date and are reviewed and evaluated
- e) ensure record-keeping is assessed and part of the quality assurance processes in the home.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerabilities or frailty.' (HSCS 3.18) and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' (HSCS 3.21)

## How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses compromised the care of residents, we have made a requirement and an area for improvement.

We assess staff recruitment practices routinely as part of an inspection. While we anticipate safe recruitment practices were in place in this large local authority provider, we were unable to evaluate recruitment as safe because we were not supplied with the information that we requested. **See requirement 1.**

There were significant staff vacancies in the home filled by agency staff. Although agency staff were invited back to attempt to improve continuity and consistency, residents were cared for by many different members of staff. People displayed less anxiety with staff who knew them well and who could anticipate their needs.

Staffing arrangements were based on a dependency score which was largely static. The staffing information did not consider other factors and was not linked to quality assurance measures. Where additional staffing was put in place this was largely in response to an adverse event rather than proactively to meet needs and prevent an adverse experience. **See Area for improvement 1.**

Staff training and development needs were not analysed and were in a format that did not allow priorities to be identified. Training was seen as an event rather than part of the development of professional, registered workers. There were few opportunities for staff to receive support to put their learning into practice during day to day care delivery. Opportunities to reflect and learn from practice were not embedded. Staff did not seem confident in asking advice about how they should support people. This meant some practices were based on hearsay and not evidence based. While there was no ill will and care was well intentioned, this had the potential to stifle learning and compromise health and wellbeing. The provider told us of planned changes to how the home was organised which should address these issues.

## Requirements

1. By 27 May 2024, the provide must ensure that people are kept safe and protected through safer recruitment practice. To do this the provider must ensure that recruitment information is available during inspections so that that recruitment practice can be verified as safe and in line with best practice.

This is to comply with Regulation 5(1)(a) and (b) (power to require information) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/185)  
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24)

## Areas for improvement

1. To provide high quality outcomes for people, the provider should ensure they can demonstrate how staffing arrangements have been calculated and that staffing is right. The staffing method should be multifaceted and include having the right number of staff with the right skills to meet people's needs. The method should focus on improving outcomes for people, take into account resident, relative and staff feedback, consider skill mix and deployment over 24 hours and be flexible to accommodate changes in people's health and care needs.



This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'My needs are met by the right number of people' (HSCS 3.15) and 'My care and support is consistent and stable because people work together well'. (HSCS 3.19)

## How good is our setting?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People benefitted from a welcoming environment which was clean with no unpleasant malodours. The purpose-built design and layout of the building meant it was light and spacious with lots of communal space. Restrictions meant that not everyone was able to benefit from the communal space in the home and we have discussed this in "How well do we support people's wellbeing?".

An enclosed garden area and courtyard spaces meant that people on the ground floor could be helped to access the outdoors.

A range of electrical, gas and water checks are carried out regularly by external contractors to ensure the safety of residents and staff.

Some bedrooms were sparse and devoid of homely touches or personalisation. We were especially concerned about this where people spent their day in bed or in their bedrooms.

Some furniture and furnishings were damaged. This meant that they couldn't be cleaned effectively. The service should carry out regular environmental audits to identify items that need to be repaired or replaced.

Call bells, pendants and watches need to be nearby and maintained to make sure residents can access help when they need it. Staff told us about issues with the system but they didn't report these and they assumed others had done so. Staff need a way to check what has been reported and how the repair is progressing.

Recent staff absence and changes in staff meant that maintenance records which were normally well kept in the home were difficult to access. Some equipment had been missed from essential LOLER checks, this was rectified during the inspection.

A recent fire inspection highlighting remedial works had not been actioned. This was rectified during the inspection.

Implementing an effective governance and quality assurance system as described in "**How good is our leadership?**", should ensure that people benefit from high quality facilities and any environmental issues are addressed in a timely manner to keep people safe.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Considerable work had taken place to simplify and streamline the care plan documents. This made them easier to use and find information.

Essential information to care for people was shared at handover meetings, which meant that staff in the home had key information to care for people. This helped inform agency and bank staff who made up a large proportion of the staff who directly cared for residents.

While there was good information in the plans, the information was not always up to date or did not accurately reflect the person's current abilities. Risk assessments were not reviewed in line with stated timescales. There were very few evaluations of care to check if the plan was working. More work was needed to make sure information was kept up to date.

Healthcare plans were a beneficial addition to each person's care plan and gave staff a better understanding of people's health conditions and how this might affect their needs and abilities. Some of the information from these plans needs to be added to the relevant section of the care plan and should be highlighted in their personal care plan.

When people are in pain, this must be recognised, assessed and managed effectively. This means care staff must gather and record information to help the prescriber make decisions about analgesia and how it affects the person.

Personal plans should include everything that matters to a person, including how to remain as independent as possible in managing aspects of their life and care and access to their money.

Good governance systems as described in "How good is our leadership?" should help to make sure the care plans are up to date and accurate.

## 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 support people's health and wellbeing, the provider should ensure staff access training relevant to their role and apply their training in practice. This should include, but not limited to training in record management, that staff understand their responsibilities in maintaining accurate records and that clear guidance is implemented on the importance of information filing and recording of information in the appropriate places.

**This area for improvement was made on 1 August 2023.**

#### Action taken since then

Following a complaint investigation an area for improvement was made about ensuring staff access training relevant to their role and apply training in practice. We were unable to establish that suitable training was taking place to keep staff up to date and there was no evidence of management overview and planning for staff training. Specifically the area for improvement set out the need for staff to maintain accurate records and file records appropriately.

While we were told that some sessions had taken place not all staff had attended and the content was not supplied to us. We found care and maintenance records which were misfiled or not available. This area for improvement has been included in requirements we have made about quality assurance and governance.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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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