

# Royston Court Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 June 2024

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

**Service provider number:**  
SP2003002576

**Service no:**  
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.

At the time of the inspection, there were 55 people experiencing care in Royston Court.

## About the inspection

A full inspection of the service took place in February 2024, resulting in six requirements being made. The requirements were made under these key questions:

- how well do we support people's wellbeing?
- how good is our leadership?
- how good is our staff team?

This inspection assessed progress made in meeting these requirements and took place on 06 June 2024 and 07 June 2024. This 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 five people using the service and one visiting relative
- spoke with 9 members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- All requirements made at the previous inspection were met in full.
- Restraints placed on people's freedom were proportionate and complied with legislation.
- Medication processes were managed well.
- The administration of topical medications had improved.
- People experiencing care and their representatives were encouraged to be involved in the development of the service.
- Staff training had improved.
- Monitoring processes for falls, accidents and incidents were working well.
- People were protected due to recruitment processes which followed current best practice.

**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

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**

During this inspection, we assessed progress on three requirements made under this key question. A summary of progress made is noted in this report within the section named 'what the service has done to meet any requirements made at or since the last inspection'. All three requirements were met in full.

Due to the significant improvements made under this key question, we re-evaluated the performance of the service under the indicator 'people's health and wellbeing benefits from their care and support'.

## How good is our leadership?

**3 - Adequate**

During this inspection, we assessed progress on two requirements made under this key question. A summary of progress made is noted in this report within the section named 'what the service has done to meet any requirements made at or since the last inspection'. Both requirements were met in full.

Due to the significant improvements made under this key question, we re-evaluated the performance of the service under the indicator 'quality assurance and improvement is led well'.

## How good is our staff team?

**3 - Adequate**

During this inspection, we assessed progress on one requirement made under this key question. A summary of progress made is noted in this report within the section named 'what the service has done to meet any requirements made at or since the last inspection'. This requirement was met in full.

Due to the significant improvements made under this key question, we re-evaluated the performance of the service under the indicator 'staffing arrangements are right and staff work well together'..

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 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)

**This requirement was made on 27 February 2024.**

#### Action taken on previous requirement

When we visited, we found improvements in this area.

When restrictions had been placed on people's ability to move around the home, this was due to an identified need for such a restraint. In general, people were free to move around the home, going from one unit to another and enjoying the communal spaces in between. Enclosed courtyard areas were unlocked with doors open which invited people to use them. Staffing levels were sufficient to promote the use of all facilities in the home. Free access to outdoor areas had a positive impact on people's wellbeing.

Some keypads were in use to help keep people safe. For example, stairs to move from one floor to another were restricted by keypads. A detailed risk assessment for this restriction was in place. Further to this, risk assessments were in place for each person experiencing care regarding the use of restraints. People's relatives had been consulted on the use of keypads for doors and signed agreements were in place. This evidenced transparency regarding perceived restraints and an open dialogue with relatives in this area.

Information regarding people's guardianships had been collated and social work had been informed where arrangements were identified as needing reviewed. Herbert Protocols, which assist police should people go missing, were in place for those who had an identified risk in this area. Risks and consents were reviewed by team leaders on a monthly basis to ensure information held was current and relevant. People's freedoms were protected by this ongoing evaluative process.

We consider this requirement to be met in full.

## Met - within timescales

### Requirement 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)

**This requirement was made on 27 February 2024.**

### Action taken on previous requirement

When we visited, we found improvements had been made in this area.

Training had taken place for staff who administered medication. Staff had attended development sessions which focussed on the use of approved tools for measuring people's pain. Arrangements were in place to ensure staff attended refresher training regarding the administration of medication. This ensured that staff practice remained current and was aligned with good practice indicators.

A procedure and action plan regarding the assessment of pain and distress had been created. Clear guidance helped staff assess when the use of 'as required' medication was appropriate. Body charts were in place to clearly identify to staff where people felt pain and what conditions this could be related to. These were cross-referenced with treatment charts. People's pain was well managed due to the implementation of these processes.

Approved homely remedies were in place for people experiencing care. A new protocol for ordering and receiving medication had been rolled out. This reduced the risk of medication running out and subsequently kept people well as a result.

Charts for the administration of medication were completed and demonstrated that medication was administered as prescribed by medical professionals. Monthly audits of all matters related to medication were carried out. These resulted in actions being taken which were signed off by the manager when complete. People's wellbeing was safeguarded by strong oversight and staff expressed confidence in the administration of people's medication.

### Met - within timescales

#### Requirement 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)

**This requirement was made on 27 February 2024.**

#### Action taken on previous requirement

When we visited, we found improvements had been made in this area.

Staff had attended development sessions regarding the use of treatments charts. This included the storage of topical medications, the use of body maps and checks to be carried out before the administration of topical medications. Staff had also received training related to good practice in caring for people's skin. Staff reported feeling more confident in their practice after attending this training.

Recording measures for the use of topical medications had improved. Body maps in use showed staff where medications should be applied. Clear instructions were available to inform staff how to apply topical medications. This ensured that people were administered topical medications as prescribed by medical professionals.

Team leaders reviewed the treatment of people's skin within monthly auditing measures. Topical medications were stored neatly and safely in people's rooms. Opening dates and expiry dates for creams and lotions were clearly marked. This ensured that the treatments people received were effective.

Staff had received specialised training in the use of airflow mattresses. Further to this, development sessions had been held for staff, focussed on checking the integrity of mattresses. Weekly checks had been implemented which tested the condition of mattresses and ensured mattress settings were correct. People's comfort and skin integrity was protected as a result of these regular processes.

We consider this requirement to be met in full.

## Met - within timescales

### Requirement 4

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)

**This requirement was made on 27 February 2024.**

### Action taken on previous requirement

When we visited, we found significant improvements had been made in this area.

A timetable for meetings with people experiencing care had been implemented since the previous inspection. Minutes from meetings demonstrated discussion about care standards, advocacy services and activities provided by the service. Relatives had also been invited to attend these meetings which demonstrated transparency and good practice. Ideas put forward by people experiencing care had been taken on board and actioned. This evidenced that people were able to influence the direction of the service they received.

Meetings for relatives had also taken place. We suggested that minutes for these meetings would be strengthened by noting a list of attendees. Meetings were led by the manager and included discussion about staffing levels and care planning processes. Ideas for improvements to the service were invited and subsequently implemented. This meant that relatives could also play an active role in the development of the service.

A series of surveys had been rolled out since our last visit. People experiencing care, their relatives and staff had completed questionnaires to express how they felt about the service. The findings of these surveys had been gathered and work had commenced on pulling together an action plan based on the responses. This



demonstrated that managers listened to a variety of stakeholders in identifying potential service improvements.

Newsletters had been produced for relatives to keep them up to date with developments in the service. Although no complaints had been received since the last inspection, the manager demonstrated a welcoming approach to complaints. Processes for making complaints were discussed at meetings for people experiencing care and their relatives. Information about making complaints was also displayed in the home. Relatives we spoke with confirmed that concerns brought to the attention of managers resulted in actions being taken to ensure better outcomes for people.

We consider this requirement to be met in full.

### Met - within timescales

#### Requirement 5

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)

**This requirement was made on 27 February 2024.**

#### Action taken on previous requirement

When we visited, we found improvements had been made in this area.

Systems were in place to ensure falls, incidents and accidents were recorded and assessed. Individual events were analysed and follow up actions were taken to prevent reoccurrence. Monthly analysis of falls took place which resulted in action plans, including any identified training for staff. Any current falls, accidents and incidents were discussed at daily handover meetings. This ensured that staff were aware of any current risks for people experiencing care.

Training focussed on falls and frailty had been delivered to staff by specialists. Staff were encouraged to evaluate their learning and reported increased knowledge and confidence following the training. People

experiencing care were protected from harm due to being cared for by well trained staff.

Systems had been implemented to ensure people's personal plans were accurate and up to date. Team leaders were responsible for auditing plans on a monthly basis and taking any follow on actions that were identified. This included the review of risk assessments and plans related to people's care needs. Oversight measures were in place to ensure the monthly auditing of people's personal plans. This evidenced that the service were responsive to people's changing needs.

Processes for monitoring staff training had commenced. A staff training database had been created. Individual training needs records had also been created for all staff members. This helped leaders identify gaps in staff knowledge and prioritise training to improve staff practice. Leaders in the service were aware they were at the start of an improvement journey in this area. We encouraged the service to continue to build on these positive initial steps.

## Met - within timescales

### Requirement 6

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 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)

**This requirement was made on 27 February 2024.**

### Action taken on previous requirement

When we visited, we found improvements had been made in this area.

Although not all recruitment related documents were stored within the home, we were granted access to a range of materials to help assess progress with this requirement. Recruitment files were kept for candidates and evidenced that systems were in place to ensure the suitability of potential employees. This included proof of identification, police checks, references and Home Office right to work documents where this was required. People were kept safe from potential harm as a result of these pre-employment checks.

Values-based interview processes were in place to ensure candidates were suitable for care work. Successful candidates were subject to a robust induction period which included training and shadowing opportunities. The induction process was monitored with new employees regularly meeting with leaders to discuss progress and identify training needs. This provided an additional check to ensure new employees displayed the values required for care work.

The processes in place helped assure that carers were appropriately and safely recruited.

We consider this requirement to be met in full.

### Met - within timescales

## 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 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)

**This area for improvement was made on 27 February 2024.**

#### Action taken since then

This area for improvement was not assessed during this inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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