

Colinton Care Home Care Home Service

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Edinburgh
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Type of inspection:
Unannounced

Completed on:
5 September 2024

Service provided by:
Whitefield Nursing Home Limited

Service provider number:
SP2018013102

Service no:
CS2016346125

About the service

Colinton Care Home is a care home for older people and is registered to provide care for 53 older people.

The provider of the service is Whitefield Nursing Home Limited, part of the Four Seasons Group.

The service is situated in a residential area in the south-west of Edinburgh. The building is set in private grounds with its own parking and is close to local services and public transport to the city centre.

The accommodation is on three floors. All bedrooms have ensuite toilet and wash hand basin facilities. There are shared toilets and bath/shower rooms on each floor.

Shared lounge and dining room facilities are provided on each floor, and there is a hairdressing room on the ground floor.

The garden and patio areas are easily accessed from the ground floor of the home.

At the time of the inspection, there were 47 people experiencing care in Colinton Care Home.

About the inspection

This was an unannounced inspection which took place on 26 August 2024 between 10:00 and 16:30, 27 August 2024 between 10:30 and 16:30 and on 28 August 2024 between 10:00 and 14:30. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with and gathered feedback via an electronic questionnaire from 17 people using the service, 22 relatives and three health professionals.
- Talked with six members of staff and the management teams. Twenty seven staff members completed the electronic questionnaire.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- People experience compassionate care and support because there was warm, encouraging, positive relationships between staff and people using the service.
- The manager and senior staff modelled the practice they expected, and this led to good outcomes for the people living in the home.
- There were a range of audit tools which informed the manager and senior management about how well the service was performing.
- There were good systems in place to evaluate staff's understanding or ability to transfer learning into practice.
- Care and support plans were personalised and gave good guidance to ensure people were well supported and safe.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

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 evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a nice, relaxed and homely feel. Staff knew people well and all enjoyed friendly interactions. People told us, "I like it very much here; the staff are very good to me", and "staff are friendly and attentive, they are like family". This meant people were reassured they were being looked after in a caring environment.

People were being encouraged to enjoy opportunities to engage in a range of activities which were meaningful to them. Many of these activities encouraged people to move and change positions, for example, seated exercise groups. Some people enjoyed quizzes, participated in gardening, barge trips and musical events. People were able to choose how to spend their day, and this meant they were listened to, and treated respectfully. Staff should continue to provide opportunities for people who remained in their rooms to participate in and enjoy activities. We had made a previous area for improvement in relation to meaningful engagement, this area for improvement has now been met.

Staff had developed good relationships with people who used the service, and their family and friends. Care plans provided clear information about who was important to people, and how to support people to maintain contact. People told us, "communication is good" and "staff contact us regularly, keeping us informed". This demonstrated staff recognised the importance of nurturing relationships for, and with people, which benefited their overall wellbeing.

The home welcomed visitors and there were no restrictions in place at the time of inspection. As a result, staff supported people to maintain meaningful connections with loved ones.

There was a varied menu on offer and staff were knowledgeable about people's needs and preferences. Visual choices were offered, which helped people who had memory difficulties. We were told, "the food's really nice, especially the cakes" and "the food's good, and choices are always offered". It was positive to see staff encouraging people to eat their meals together in the dining room, staff sat alongside people to provide reassurance or to assist people with eating. This inclusive atmosphere provided natural prompts and encouraged people to eat and drink well. We discussed with the manager, staff being aware of not becoming task focused towards the end of the meal. This would ensure a consistent pleasant, social dining experience.

There was an organised system in place for administration of medications. This was audited on a regular basis by the senior team. A protocol was in place for administration of "as required" (PRN) medications, and where this was prescribed, was given appropriately. This meant people could be confident their medication was available and being administered safely.

Care plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. The information held within plans had been monitored regularly and we saw appropriate referrals had been made to other health professionals if required. Their advice and guidance was reflected in relevant care plans. Care plans were personalised and regularly updated as people's needs and preferences changed. One health professional told us "Staff are always very appreciative of any advice and support the team can give. They take on board any issues and work to improve where required."

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

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Management had a good overview of the home. Staff told us the manager and management team had an open-door policy, where any aspect of care, support or development could be discussed and was listened to. The manager and senior staff modelled the practice they expected, and this led to good outcomes for the people living in the home.

The manager knew the care and support needs of people and was able to direct care in a supportive and professional manner. An established staff team supported each other well through clear channels of communication. This ensured any changes to care were consistently achieved. Regular team meetings offered an opportunity for staff to share and contribute to the development of the service.

There were a range of audit tools used to inform the manager and senior management about how well the service was performing. A home improvement plan was in place which was supported by action plans to drive continuous improvement. Management meetings were in place to ensure all aspects of the service had an overview by the manager. The manager also held daily meetings with representatives from all departments in attendance to have an overview of actions for that day.

Audits linked to healthcare were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive outcomes for people living in the home.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. The manager ensured where needed, that any identified risk led to changes in planned care.

There were regular residents' and relatives' meetings, where people could raise any issues or ask questions. Standing items such as activities and meals were also discussed.

A newly appointed manager had brought confidence in the leadership of the home. People told us: "The manager is supportive, you can ask anything, and communication is improving, which is good, the care can't be faulted." "All the leaders are visible each time I'm in to visit, they are welcoming and friendly." Relatives were offered the opportunity to meet in a group and discuss any suggested improvements on a regular basis.

How good is our staff team?**4 - Good**

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be confident staff were recruited safely with all pre-employment checks completed prior to the staff member starting employment.

Staff were working hard and were enthusiastic about their work. They were clear about their roles, what was expected of them and demonstrated a good knowledge of people's care and support needs. Staff were working well together as a team and were visible within the home. People told us, "the staff are all supportive, loving and kind" and "I can talk to any one of them and they always help if I'm worried or concerned". People had confidence in the team who supported them with their care.

People experiencing care had the opportunity to meet any new staff being introduced. This meant staff had time to get to know people and learn what was important to them. Staff confirmed they had a good induction with regular ongoing support from the management team.

Staff completed a range of online and face to face training courses relevant to people's needs. There were good systems in place to evaluate staff's understanding or ability to transfer learning into practice. The provider ensured staff training and support provided the skills, knowledge and understanding required to meet people's needs. We made an area for improvement at the last inspection regarding training, this area for improvement has now been met.

Supervision records were completed for all staff; staff told us they could speak with a manager at any time, and they attended regular team meetings. We sampled records of supervision meetings and observations of staff practice and found good evidence of discussions held, feedback on practice, reflection on any training undertaken and aspects of care they did well or found more challenging. This aided staff development. We discussed linking observations of practice to staff supervision sessions so that clear feedback could be provided from the manager.

Morale across the service was high, staff we spoke to said they were happy at their work. Staff felt well supported by management and confident in raising concerns. This enabled people to have a positive experience of their care as the staff team were enthusiastic and happy.

How good is our setting?

4 - Good

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There were regular and planned arrangements for the maintenance of the home. Staff reported any defects or repairs, and these were actioned quickly, or referred on to an outside contractor. This helped to maintain a safe environment for people.

People in the home had ensuite toilet and wash hand basin facilities within their bedrooms, which contained personal items to them. There were shared toilets and bath/shower rooms on each floor.

There was a shared lounge and dining room facilities on each floor which could be used by residents should they wish to do so. People were encouraged by staff to use the lift to access all floors within the home.

The home had a relaxed welcoming atmosphere and reflected the ages of the people living there. The residents had the choice of what they wanted in their rooms re entertainment, radios, televisions etc.

The garden areas to the front and rear of the building were well kept and easily accessible. One of the advantages of the home was its proximity to local shops and amenities, which enabled people to be part of the local community.

Overall, the home was clean and tidy, free from odours or intrusive noises. Upgrading was required in some areas, for example, the corridors and ensuite bathrooms. A refurbishment plan was in place, and we could see improvements being made.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

The service had worked hard to improve the quality of care and support plans since our last inspection. Care and support plans were personalised and gave good guidance to ensure people were well supported and safe.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. People and their relatives also benefitted from six monthly reviews of their care and support.

People had access to external professional support such as GPs, opticians, and district nurses when this was needed. This ensured people were receiving regular routine health screening and had access to other peripatetic professional support. We found guidance from other professional staff was recorded well within plans sampled.

It is important people, and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. Anticipatory care plans were in place, including do not attempt cardiopulmonary resuscitation (DNACPR) certificates. These helped to direct the care and support for people at the end of life. We discussed with the manager the need to ensure information was held in one place within plans to provide clear instructions for professional staff.

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

All staff should receive training on meaningful engagement with people living in a care home. This would give staff the knowledge, skills and confidence to initiate meaningful interactions with residents outwith direct care tasks.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27) "I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

This area for improvement was made on 3 August 2023.

Action taken since then

Staff across the home had undertaken meaningful connections training as part of dementia awareness training, this was facilitated by the dementia champion. We observed training records to be complete and up to date.

Magic Moments an electronic system used to record time spent with supported people and the activities they have engaged with, was used to record meaningful interactions. Records were available within people's rooms ensuring that family and friends could see what their relatives had been doing on a daily basis.

Staff were observed initiating meaningful interactions throughout the inspection visit.

This area for improvement has been met.

Previous area for improvement 2

A full management overview of training should be undertaken, this would include:

- Training to reflect the promoting excellence framework for people with dementia, at a minimum of skilled level.
- Training which specifically reflected people's health needs living in the home.
- Training being linked into one-to-one supervision, be reflective of residents needs and staff be given the opportunity to reflect on their learning through observed competency checks.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "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 3 August 2023.

Action taken since then

The provider has a comprehensive training course in place to support dementia training, training reflected the promoting excellence framework.

Training currently provided covers a range of care needs. There is a variety of training courses available which can be selected to cover specific care needs as required.

One to one supervision records are reflective of residents needs and this is supported by ongoing observed competency checks ensuring staff are provided with opportunities to reflect on their practice and learning.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.4 Staff are led well	4 - Good
How good is our staff team?	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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