

Edinbarnet Care Home Service

Cochno Road
Clydebank
G81 5QN

Telephone: 01389 874 291

Type of inspection:
Unannounced

Completed on:
17 October 2024

Service provided by:
Edinbarnet Estates Ltd.

Service provider number:
SP2003002356

Service no:
CS2003010454

About the service

Edinbarnet provides nursing care for a maximum of 44 older people. There is one respite bed available.

The home is a large extended mansion house surrounded by extensive, mature gardens and situated in the countryside near Clydebank, West Dunbartonshire. Although a distance from public transport links, the home will by prior arrangement provide mini bus transport for the benefit of residents, staff and relatives.

At the time of our inspection 42 residents were living in the home.

About the inspection

This was an unannounced inspection which took place on site on 10 and 11 October 2024 between 09:30 and 17:30. We continued to gather evidence electronically and remotely on 14 October 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 13 people using the service;
- spoke with one visiting relative and considered ten returned questionnaires;
- spoke with nine staff members and management and considered two returned questionnaires;
- observed practice and daily life;
- reviewed documents;
- received feedback from visiting professionals.

Key messages

People have very good opportunities to participate in day to day activity.

Health care professionals speak positively about the care and support people receive.

There is enough staff meeting the needs of residents in a kind, caring and respectful manner.

The management team support staff well.

Audits could be strengthened further 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?	5 - Very 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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We saw very good examples and a wide variety of activity and structure being provided and offered to people. This included games and quizzes, moving to music, singing, baking and hairdressing and nail care. Some people were supported to attend church services in the community, other residents could participate in a choice of Sunday services offered to them in the home. The residents enjoyed arts and crafts with local nursery children. Residents we spoke with told us they enjoyed the regular activities. We observed and heard kind and motivating staff who were encouraging residents to enjoy the activity being provided. One relative told us "My relative has become more sociable since he took up residence in the care home, he joins in most activities and loves his room and the main sitting room."

People were encouraged and supported to make their own choices and decisions about their day-to-day life in the home. Staff respected people's preferences about the way they wanted to be cared for and to maintain their usual daily routines, for example, timings of getting up in the morning and going to bed in the evening. Residents we spoke with told us their preferences were adhered to. All returned surveys from relatives agreed strongly that people were treated kindly and with dignity and respect.

Comments we received from relatives were:

"My relative is taken care of and is thriving in the setting, he is settled, happy and encouraged to do things for himself."

"My relative is very happy in Edinbarnet and that makes us happy as a family."

We saw good evidence of people being supported by a range of external health professionals. This included dietitians, speech and language departments and community psychiatric nurse. We were able to speak with a resident who had been provided with communication aids and this was very well documented on how the person should be supported. We saw evidence of people being discharged from external health services once their health had improved. Positive feedback from the home had been obtained from health colleagues and no concerns were raised with regard to care and support people received.

Medication was administered safely and in line with prescribed instructions. We recommended that pain scale tools be in place within the medication records for people who were unable to verbalise pain or ask for pain relief to guide staff. (See area for improvement 1).

People received meals that met their dietary requirements. Drinks and snacks were provided throughout the day. Meetings took place with the residents to consider provision of their preferences. There was enough staff supporting residents, and the meals looked appetising. Residents we spoke with told us they enjoyed their meals. We did not see hand hygiene practices carried out prior to the meal service in line with infection control practice. (See area for improvement 2). We noted a number of residents were fast asleep prior to the meal service and remained so when their meal arrived. Staff were supporting a number of very sleepy residents, with one resident whose posture looked uncomfortable. (See area for improvement 3).

We found that the personal care records were not well completed, it was therefore not evidenced that people had been provided with bathing and showering. The residents we spoke with told us they received regular showers or baths and their preferences were considered. A previous area for improvement we made will be repeated. (See area for improvement 4).

Areas for improvement

1. People should be free from pain. Those who are unable to express pain verbally should have a pain tool in place to guide staff administering.

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

"My care and support meets my needs and is right for me." (HSCS 1.19).

2. To minimise risk of infection, good hand hygiene should take place for people prior to meal times.

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

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

3.

In order to enjoy the meal time experience, people should be alert/awake and sitting comfortably during their support.

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

"My care and support meets my needs and is right for me."(HSCS 1.19)

4. The service should ensure that daily recordings of support provided to people is recorded timeously and if support is not completed then the reason for this should be documented.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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?

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 service used a range of quality assurance approaches to help identify service strengths and respond to areas where the service could improve. We saw attempts had been made to meet with relatives and resident to gather their views and to share information about the service. This promoted good communication and kept people updated. Comments from relatives included:

"It is good to know that if you suggest anything regarding care/or how to improve the service provided by Edinbarnet you know the manager will always look into what you have suggested and inform you of outcome."

"From what I can see the home is run to a high standard from the top and this filters through the various departments."

"The leadership is very good."

Staff we spoke with spoke highly of the management team and told us they felt well supported. Regular supervision was provided that staff found beneficial, records were detailed and of a good standard. Staff were able to reflect on their practice and were encouraged and supported to attend additional training to improve their practice.

We saw recent feedback from professionals and relatives that the service had sought recently, the views returned were positive. A development plan was in place that was of a detailed structure on how the service planned to improve specific aspects of the service.

We were able to see a range of key audits in place, these included care plans, accidents and incidents and medication audits. Falls audits were analysed with the time of day and area of the fall to support reducing risk.

Proper systems were in place to keep peoples' money and valuables safe and secure. Some people were supported with their weekly allowance, these were reconciled and audited regularly.

We were advised that detailed and daily conversations took place with the manager and deputy about anyone with weight loss, infections and wound care. We recommended that overviews be in place for these areas. Analysis of these would highlight any patterns and trends with responsive action being documented. (See area for improvement 1).

We did not see clear documentation on the frequency of the audits, or the percentage of people or plans that were checked. It was inconsistently recorded if actions had been completed for some of the audits. The personal care audits repeatedly highlighted gaps in recording but we could not see evidence of associated actions or improvements. A previous area for improvement was made in this regard and will be repeated. (See area for improvement 2).

Areas for improvement

1.
To support improvements in service delivery, the service should have an overview of areas of health that includes wounds, weight monitoring and infections.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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).

2. The service should ensure that audits are thorough and detailed. They should also ensure that there are clear action plans put in place as a result of audits. When actions have been completed the audit documentation should reflect this.

This is to ensure that care and support is consistent with the Health and Social Care Standard (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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

All of the residents living at Edinbarnet mix in communal areas with a continual staff presence. We used the SOFI tool (short observation framework for inspection) which records interaction from staff with people living with dementia. We found that interactions were overall very positive.

Staff we spoke with worked within all units of the home when this was required, they told us they worked well together and we saw good evidence of how the staff were utilised throughout the meal times. Staff were encouraged with attendance at additional training that was of interest to them and would support their career path. Many of the staff had been working at the home for many years providing stability and consistency to people they supported.

Relative feedback was very positive. Some comments we heard were:

"Should anything arise regarding my relative's health the nursing staff deal with this immediately and keep me informed. have no issues regarding my mums wellbeing Edinbarnet are on top of everything."

"The staff are very helpful and keep me updated with any issues that may arise."

"Edinbarnet is like an extension of family."

"All staff are approachable and concerns are taken seriously."

We found there was enough staff to attend to the needs of people, staff did not feel under pressure or rushed. Activity staff and carers were able to accompany residents on outings in the mini bus or for local trips to the shops. Residents we spoke with spoke very highly of the staff. Some comments we heard were;

"The staff are amazing."

"Always staff around when we need them."

"Staff are first class, absolutely no complaints."

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 sits within extensive countryside grounds that residents enjoy when the weather allows.

All residents mix in the communal lounges, with some people sitting by windows or other preferred areas in corridors in small groups. Comfortable seating was provided throughout the home.

People were free to decorate their rooms as they wished, and we saw some lovely personalised rooms. It was good to see that people felt at home and had a sense of ownership and pride in their surroundings.

The home was clean and fresh. All staff had up to date training with regard to IPC (infection prevention and control). Cleaning records indicated tasks undertaken including, deep cleans with spot checks in place. Staff wore PPE appropriately at all times and stock was easily accessed. Equipment, mattresses and soft furnishings had been well maintained and cleaned or replaced as required.

Relevant health and safety checks were being completed in line with legislation and other guidance. Regular management walk rounds took place and there was a good reporting and maintenance system in place to manage day-to-day repairs or upgrades. These procedures meant people were able to enjoy a safe and secure environment.

The lighting in parts of the home was dull, this could make orientation to rooms hazardous and we have discussed with the service. Dining rooms were small and many people did not leave the lounge area during meals as they were supported in the lounges. We discussed the possibility of separate meal sittings so that people who wanted to have their meals in a dining room setting had the choice to do so. We recommended that over chair tables be removed when not in use or when residents are asleep and to consider side tables in between the seating area. This would mean the lounges would have more space. Televisions and music were available for residents in areas of the home, during mealtimes we advised loud television noise should be avoided. We have recommended the service use the Kingsfund tool to support improvements within the environment. (See area for improvement 1).

Areas for improvement

1. People should live in a peaceful environment that supports orientation. This includes adequate lighting and signage.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes" (HSCS 5.19) and "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. " (HSCS 5.18).

How well is our care and support planned?

4 - Good

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

We sampled care plans for people who had various health care concerns. We could see appropriate referrals to health professionals had been made, with advice and plan of care followed to a good standard. Good communication was evidenced with relatives who held legal powers and supported decision making. We saw when people's health had improved who were then discharged from external health support.

Attempts had been made with regard to anticipatory care planning, should people's health decline. This ensures people's care is carried out in accordance with their wishes. We found these were recorded inconsistently, with plans either being detailed and others brief. We have made an area for improvement in this regard. (See AFI 1).

We found at times that care plans were not always updated when people's needs changed, the monthly evaluations were not always carried out. (See area for improvement 2).

We were advised of the individuals that were given pressure alleviating equipment. However, although we were able to see the risk assessment in this regard, the associated care plan was not in place. (See area for improvement 3).

Areas for improvement

1. People's wishes should be clearly recorded with regard to their care in the event of their health deteriorating.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 1.14 My future care and support needs are anticipated as part of my assessment.

2. Care plans should be updated when care needs and health needs have changed with regular evaluations being undertaken.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 1.14 My future care and support needs are anticipated as part of my assessment.

3. People who are assessed as high risk with aspects of their health should have a care plan in place.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 1.15 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.

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

The service should ensure that daily recordings of support provided to people is recorded timeously and if support is not completed then the reason for this should be documented.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

This area for improvement was made on 4 September 2023.

Action taken since then

We have made reference to this area for improvement under "How well do we support people's wellbeing?" of our report. This has been repeated.

Previous area for improvement 2

The service ensure that where support with medication is an aspect of support that the use of 'as required' medication should be clearly in line with good practice. They should ensure that alternative strategies attempted are documented and that that the effectiveness of the medication is recorded.

This is to ensure that treatment and interventions experienced by people are in keeping with the Health and Social Care Standards which state that:

'Any treatment or intervention that I experience if safe and effective.' (HSCS 1.24)

This area for improvement was made on 4 September 2023.

Action taken since then

We sampled "as required" medication and saw that the effect of this had been recorded. Stress and distress care plans were well recorded that considered how people could be supported before medication was administered. This area for improvement has been met.

Previous area for improvement 3

The service should ensure that audits are thorough and detailed. They should also ensure that there are clear action plans put in place as a result of audits. When actions have been completed the audit documentation should reflect this.

This is to ensure that quality assurance is in keeping with the Health and Social Care Standards which state:

'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 4 September 2023.

Action taken since then

We have made reference to this under "How good is our leadership?" and we have repeated this area for improvement.

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
1.2 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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