

# Elsie Inglis Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Holyrood Care (Edinburgh) Ltd

**Service provider number:**  
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**Service no:**  
CS2021000305

## About the service

Elsie Inglis care home is part of Peacock Medicare. The home is registered to provider support for 49 people. The home provides nursing care. Elsie Inglis is set within the original Elsie Inglis Memorial Maternity Hospital, from which it now takes its name. The home is situated near to Holyrood Park, with panoramic views of Arthur's Seat and Salisbury Crags with private access to the many paths and features of the Royal Park. At the point of inspection there were 43 people living in the home.

## About the inspection

This was an unannounced inspection which took place on 08, 09 and 10 October 2024. The inspection was carried out by three inspectors from the Care Inspectorate. Two inspector volunteers also joined the inspection on 10 October 2024. 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 living in the home and visiting family members. We also gave the opportunity for relatives to complete an online questionnaire.
- talked with members of staff and the management team
- observed staff practice and daily life
- reviewed a range of documents

We have used the short observational framework for inspection tool (SOFI). SOFI is an approved, internationally recognised tool for regulators. It provides a framework to enhance the observations about well-being and staff interactions that we already make on inspection, especially for service users unable to communicate their views.

**Key messages**

- Improvements made at the previous inspection had continued to be put into practice and sustained, despite of significant changes to staffing.
- Staff showed genuine care and empathy towards people living in the home.
- People living in the home benefitted from a calm relaxing environment.
- The staff were led well, with open and supportive communication by the management team.
- Improvements had been made in some documentation, with more consistent information, assessment and recording. However, further improvement was needed to ensure all records cross referenced and reflected care planning.
- Further improvements were needed to ensure all people living in the home had opportunities to engage in activities meaningful to them.

**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?	5 - Very 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.

Staff supported people at their own pace and no one was rushed or hurried. Care was given in a dignified, gentle and supportive manner. People were relaxed in staff company, and we saw warmth, kindness and compassion between the staff and people supported. Whilst staff were caring and respectful, there was variable approaches to supporting people to engage in activities that were meaningful to them. People living in the home had a wide range of abilities and needs. This made it difficult to always provide activities successfully in a group which would enhance social skills and promote conversation and positive interaction with each other. To support people to get the most out of life in the home, further development of staff practice was needed to move away from care that was task focused to care that was meaningful to each person. The manager and deputy manager were actively supporting staff to build on their confidence to initiate activities and meaningful engagement.

People's wellbeing benefited from having contact with their families and friends. Family and friends were welcomed to the home at any time.

People were supported well with nutrition and hydration. People told us they enjoyed the food. We saw where people did not want the choices on the menu, alternatives were offered. The chef knew people's preferences and dietary requirements very well. Where any person was on a special diet or required food to be higher calorie, this was effectively managed by kitchen staff. This benefitted people living in the home, who were able to choose what they wanted to eat and be reassured that their dietary requirements had been met. People's weight was monitored to identify if further support was needed from a health professional, for example a doctor or a dietician.

Because staff knew people so well, they were able to recognise if there were any changes to the person's health and wellbeing needs. Where concerns were identified referrals were made to appropriate professionals in a timely manner. Staff had also received training in assessing signs of early deterioration in a person's health. This supported prompt and targeted healthcare interventions which would benefit the person supported. The staff team worked in tandem with the local GP practice, including practice nurses and pharmacists. This meant people benefitted from a multidisciplinary approach to their health care.

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. However, not all documentation was completed when as needed medication was administered for pain. Notes should reflect if the medication worked or not so this could be evaluated effectively.

Personal plans contained information about health, people's preferences and assessed care needs. There had been a continued improvement in the content of the plans from the previous inspections. However, in some plans (minority) information about preferences and abilities were inaccurate. This was because the person's health had deteriorated. Whilst health assessments were kept up to date, for some people, preferences of support had not. As there were audits of the personal plans in place, which reflected the issues found we have not made an area for improvement.

Personal plans contained a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. Comprehensive assessments and information was available to direct staff in the care to be provided for people who had specific health needs.

## 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.

There was a strong management 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.

There were a range of audit tools that were used to inform the manager and senior management about how well the service was performing. The manager and deputy completed regular walk arounds of the home, where any issues could be highlighted and promptly dealt with. 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. The manager recognised a more consistent approach to staff meetings would be of benefit, however staff said they felt communication was good and they were kept up to date with any relevant changes or actions.

The regional support manager completed audits within the home which meant there was an external overview of care and support which was fed back to the provider.

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 health 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.

The home improvement plan currently in place was based on the previous inspections areas for improvement rather than self-evaluation and actions from the overarching audits. This was discussed with the manager, who was undertaking fuller audits, which would form the basis of the improvement plan. We discussed a comprehensive improvement plan should be put in place, with actions from audits, meeting outcomes, reviews of care and self evaluation forming the basis of this.

Staff one to one supervision records evidenced discussions around performance, workload, concerns with residents, medication, skills and attributes, health and safety, attendance, training and development needs with identified actions and outcomes and observed practice included. However, the deputy manager had identified work was needed to support supervising staff in completing full and meaningful records to support and evidence supervision completed. From records sampled there is a lack of narrative around discussions held and the evidence of the observations that have taken place.

The management team had actions in place which reflected the improvements identified at inspection. This gave us confidence in the management of the service and the ability of the service to make the improvements needed and sustain these.

## How good is our staff team?

4 - Good

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

Staff were recruited in a safe way. Induction processes were in place, including a probationary period, to ensure new staff were supported to achieve the expected standards of the provider which leads to better outcomes for people in the home.

Staff attended daily handovers at the start of each shift, to share information and plan each day. These gave staff feedback on care and any actions or support needed for each person, leading to a consistent approach to care. This enabled effective communication between management and staff and supported positive outcomes for people.

Whilst some of the the staff team had been more recently employed, staff worked well together. We saw respectful communication within the team which created a warm atmosphere because of good working relationships. Staff showed patience and compassion when supporting people. Communication was proactive, with staff reporting any issues to the senior staff in a timely manner in order any action needed could be promptly addressed. Where health concerns were reported we saw these were promptly followed up with external health professionals.

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.

Staff arrangements were informed by assessments of people's needs. These were updated monthly using the provider's tool. The assessments completed evidenced staffing arrangements met the needs of the people living in the home.

Staff completed a range of online and face to face training courses relevant to people's needs. Some staff had the opportunity to complete the 'skilled' dementia training, which is seen as good practice. This should be continued to rolled out to all staff to enhance their knowledge of supporting people on their dementia journey.

Systems were in place to show that staff were appropriately registered with regulatory bodies such as the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team.

## How good is our setting?

5 - Very Good

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

The home has private access to the many paths and features of the Royal Park in Edinburgh. There is an enclosed garden area which residents can access. Residents' bedrooms had personal items to them. There were lounge areas, and dining rooms in each unit. The home benefits from a cinema room, café and small sitting areas where people can entertain family and friends. We found activities happened in the smaller lounges where the television was also on, which meant it could be noisy and distracting. The manager said they had tried to allocate separate lounges for activities, but this had to date not been successful. The layout of the home meant lounges were a distance apart. The manager had identified the cinema room

could be used more, as could the cafe in the winter months to support further activities.

As the home is part of the local community. The local nurse school would come in weekly to the home, which several of the residents looked forward to. Local shops were also accessible to people with staff support.

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. All people's rooms were individually decorated to their taste. Some with views over Royal Park.

For people who walked with purpose due living with dementia, there was enough space in the home to allow them to do so safely and independently. This can help with anxiety levels.

There was an inventory of equipment in the service to confirm that safety checks in accordance with Lifting Operations and Lifting Equipment Regulations 1998. (LOLER). There was a range of checks weekly, monthly and annually and records were signed and dated when completed. All maintenance checks for the home were overseen by the allocated maintenance member of staff. All maintenance records were up to date, and this reflected providing a safe environment for people living in the home.

The home decor had been kept up to a very good standard with little or no evidence of wear and tear, this showed a genuine commitment by the maintenance team to keep the home at the same standard of when it first opened in 2021.

## 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.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. Relatives would be invited to take part in reviews of care which gave an opportunity for them to give feedback and be involved in a meaningful way, in support of their family member.

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

It is important that 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 and provide clear instructions for professional staff.

Since the previous inspection, record keeping had improved. For the majority of people daily notes reflected care identified and was well recorded. However, for a minority, we still found some issues in the accuracy of records, specifically recording charts. Staff were very attentive to people's needs and knew them very well, however records should accurately reflect the care given.

Personal plans set out people preferences for support. Evaluations of care were completed monthly. For people who predominately required support with their health needs, the outcomes were very positive. This

included detailed information on health concerns, changes to care and actions to be taken. For some people whilst the evaluations of care were well recorded, detailed and clearly described deficits in care, there was a lack of evidence to show what action had been taken to lead to improvements. This meant that whilst care was being evaluated effectively there was a lack of action taken as a direct result of the evaluation. This was highlighted at the previous inspection. (See area for improvement 1)

## Areas for improvement

1. To ensure that evaluation of care leads to improved outcomes, clear actions should be identified where changes to care or deficits in care are highlighted. The actions should be reflected in updated personal plan and should be monitored effectively.

This is to ensure care and support is consistent with the health and social care standards which state: 1.14 My future care and support needs are anticipated as part of my assessment. 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

All personal plans should effectively describe and give direction to staff on how to support the person in a way that leads to consistent care. This would include different methods and approaches to be considered by staff. There should be a continuous review of the methods described to ensure they remain relevant for the person.

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

**This area for improvement was made on 3 November 2023.**

#### Action taken since then

The personal plans have improved since the last inspection regarding specific guidance and preferences, however for some people there remained small pockets of information which was inaccurate due to deterioration in their condition. Whilst we could see sufficient evidence to meet this area for improvement, we have further discussed this under key question five.

#### Previous area for improvement 2

Where appropriate, training for staff should be based on individual needs, be specific to the person and lead to improved outcomes for care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 3.19 My care and support is consistent and stable because people work together well.

**This area for improvement was made on 3 November 2023.**

#### Action taken since then

There was ongoing training for staff. Staff have also identified through supervision training they would like to undertake. There was some evidence of training being identified and implemented where people had specific health needs. This should continue to be supported in the home.

#### Previous area for improvement 3

All documentation relating to care should be accurately recorded. This includes but is not limited to, oral care, continence, personal care, and topical creams.

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

that: 3.14 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.

**This area for improvement was made on 3 November 2023.**

### Action taken since then

This had improved since the last inspection. Whilst there are some gaps in records, these were in the minority, we have therefore met this area for improvement

### Previous area for improvement 4

To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved.

- The system effectively enables areas for improvement to be promptly and accurately identified.
- Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- Staff completing audits receive training, to ensure that audits make improvements to the service.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state that: 4.1: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

**This area for improvement was made on 3 November 2023.**

### Action taken since then

There was an overview of falls, accidents and incidents, training, and audits of personal plans. The manager was further developing systems to give clearer evidence of these with actions and follow up. Whilst these were a work in progress, we were confident the improvements identified would be put in place.

### Previous area for improvement 5

Practice should reflect the policies of the provider. Probationary guidance and policy should be followed as expected and evidence be available for every staff member. This would include detailed discussion on practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state 3.14 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.

**This area for improvement was made on 3 November 2023.**

### Action taken since then

All new staff are subject to a probationary review. New staff commencing employment were able to discuss this process with us. This was reflective of the providers policy. This area for improvement was met.

### Previous area for improvement 6

All staff should have the opportunity to be given feedback and reflect on their practice. This informs the training plan and ensures staff development which improves outcomes for people living in the home.

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

4.25 I am confident that people are encouraged to be innovative in the way they support and care for me, and 4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

**This area for improvement was made on 3 November 2023.**

#### Action taken since then

Staff one to one supervision records evidenced discussions around performance, workload, concerns with residents, medication, skills and attributes, health and safety, attendance, training and development needs with identified actions and outcomes and observed practice included. However, this was a work in progress and is discussed under key question three .

#### Previous area for improvement 7

To ensure that evaluation of care leads to improved outcomes, clear actions should be identified where changes to care or deficits in care are highlighted. The actions should be reflected in updated personal plan and should be monitored effectively.

This is to ensure care and support is consistent with the health and social care standards which state: 1.14 My future care and support needs are anticipated as part of my assessment. 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.

**This area for improvement was made on 3 November 2023.**

#### Action taken since then

This is carried forward under key question five, whilst there was evidence of changes to care, these were often not well recorded and therefore changes were sometimes difficult to track. We were confident staff knew of any changes, however all documentation, including personal plans need to be updated to ensure all changes can be evidenced to allow for evaluation.

## 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?	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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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