

Erskine Home Care Home Service

Erskine Ferry Road
Bishopton
PA7 5PU

Telephone: 0141 814 4733

Type of inspection:
Unannounced

Completed on:
10 December 2024

Service provided by:
Erskine Veterans Charity

Service provider number:
SP2003000260

Service no:
CS2003010196

About the service

Erskine Home is registered to provide care for up to 180 older people. To use the service you must be a veteran or spouse of a veteran. At the time of inspection there were 177 people living in the service.

The home is situated on a large campus just outside the town of Erskine. It comprises of six individual house units, each with 30 single en suite bedrooms. Each house has a lounge and dining area, kitchen facilities and a selection of bathrooms. Four of the houses are specifically for residents with a diagnosis of Dementia.

A central reception area provides access to the house units, a café area, recreation and activity facilities, gym and therapy areas, and hairdressers.

Facilities management is in place for all housekeeping, catering, laundry, waste management, gardening, and buildings maintenance. The gardens are well equipped, enclosed and accessible.

There is limited public transport available to the home, however there is good car parking available throughout the grounds.

About the inspection

This was an unannounced inspection which took place on 26, 27, 28 November and 3 December 2024 between 7:15 and 21:30. 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 18 people using the service and 10 of their family. As well as 96 responses to our questionnaires
- spoke with 37 staff and management. As well as 16 responses to our questionnaires
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional. As well as five responses to our questionnaires

Key messages

- People felt safe and cared for, and families had peace of mind.
- Staff were caring and compassionate towards people.
- The setting was spacious and people and families enjoyed using the facilities.
- Good training was on offer for staff and they were comfortable and happy in their roles.
- There was a large range of quality assurance systems in place that gave the manager good oversight of the service.

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

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| How well do we support people's wellbeing? | 5 - Very Good |
| How good is our leadership? | 5 - Very Good |
| How good is our staff team? | 5 - Very Good |
| How good is our setting? | 5 - Very Good |
| How well is our care and support planned? | 5 - Very Good |

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

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.

There was a warm and welcoming atmosphere in each of the house units and we saw that staff had caring and respectful relationships with people. People who were able to feedback to us told us that they had good relationships with staff and that they felt they were looked after well. People were well presented, always dressed well and clean and tidy. People were happy to see staff when they approached, and they spoke highly of the service, the care and the opportunities that were available to them.

Relatives we spoke with were highly impressed with their loved ones accommodation and other facilities in the home. Several relatives told us that they had seen a positive change in their loved ones presentation and mood since moving into the service, and that the care received was "wonderful". Families commented that they still felt involved in the care of their loved ones. They told us that this was due to the good communication between home care staff and themselves, and meant that they were always aware of how things were and always consulted.

We observed meal times in four of the units and saw that they were well managed by staff. People were comfortable and relaxed while they waited for their food. There were sufficient staff in each unit to meet the needs of people at all mealtimes. It was good to see that all staff worked well together during these periods, which meant that people received a good service.

Tables were attractive and set with menus and condiments spread out to ensure they were accessible to people. There were no visible plated choices for people to choose from, however staff knew peoples likes and dislikes well and could explain each choice of meal easily. Staff were knowledgeable about those who required special or fortified diets and those who needed assistance. This assured us of people's safety and comfort during mealtimes.

People were involved in different types of interests and activities throughout the day and there were specialised activity staff in place to encourage this. There was a large room on the ground floor (The Bunker) and this was used for visiting entertainers. People who attended the events enjoyed themselves and often participated by singing along and dancing. These events significantly improved people's mental wellbeing. There were several other types of activities in place, such as outings to the cinema, ten pin bowling, bingo, pub lunches, walking and exercise.

There were several comfortably furnished break out areas available on each floor, as well as "Harry's Cafe" on the ground floor of the home. Many relatives, people experiencing care, staff and visitors used the cafe on a regular basis. For people living there, if able, they went on their own, and others would go with relatives/friends. It had a nice atmosphere and people could enjoy a coffee or a nice meal in a different setting. The cafe increased meaningful community involvement for people as many external visitors used the facility, including visiting schools, church groups and local people.

Personal plans were in place for each person in the home. We saw that they clearly recorded information on people's preferences, life history, medical conditions, risk assessments, communication methods and people's legal status, for example Power of Attorney, Adult with Incapacity. The plans were outcome focused and expressed people's needs and wishes. Notes were updated for people on a daily basis, and plans were reviewed on a four weekly basis. Any change in needs or wishes was then recorded. This ensured that all staff were up to date with the care required for people, as well as how it was to be achieved.

We viewed electronic medication administration records (MARS). These were in place for each person receiving medication, and were well completed. They included information on prescribed medications, as well as home remedies and "if required" sedatives. Each MARS record was clearly recorded and kept up to date. There was an Advanced Nurse Practitioner (ANP) employed in the service, and a live vacancy for a Speech and Language Therapist (SALT) being recruited. We were assured by this that people were receiving their medication and treatments safely and at the right time.

External health professionals spoke highly of the service and they came into the service regularly. They told us there was good communication between the service and themselves and they felt informed about those receiving treatment. They were confident that care/nursing staff knew people well, and this allowed them to recognise changes in people's health or presentation and would pass information to them.

How good is our leadership?

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.

Self evaluation is one of the most effective ways of making improvements. We saw that the manager had shared a self evaluation tool with other house managers which they had responded to. Feedback was regularly sought from relatives, staff and people experiencing care with questions based around The Care Inspectorate framework. From all of these responses the manager was then able to produce a whole service improvement plan. The plan was shared with relatives in a narrative format, which meant that they felt included in the wider decisions for the service. There was a more formal improvement plan available in-house and we saw that actions in the plan were time bound, with some having already been achieved, some still in progress and some longer term goals. The manager made time to monitor the development of improvements identified and updated the plan on a regular basis. This ensured that people benefitted from a culture of continuous improvement in the service.

Audits and monitoring systems were in place and these were regularly carried out. Areas covered included staff training, accidents and incidents, complaints, wounds and falls and medications. The audits and their results gave the manager good oversight of the service and identified where improvements were required.

There were several policies and procedures in place and these could be easily accessed by all staff on the service intranet system. Staff signed to say that they had read and understood each of them. Policies were reviewed regularly by the organisation, and when required new policies were developed and put in place. We discussed a recent policy that had been developed from a complaint made earlier in the year regarding fluid intake and recording. (please see further on in the report "What the service has done to meet any areas for improvement made at, or since, the last inspection")

We saw that accurate training records were kept for all staff, and there was a large suite of training offered to all.

A daily walk round by managers was carried out. This ensured that the registered manager was known to staff, and that the manager had oversight of the days events in each house. There was a safety meeting each morning for all managers where the staffing needs for the day were discussed. Staff were then redeployed where needed. This meant that there were always sufficient staff in place to ensure peoples safety.

Supervision of staff was a shared responsibility of all managers and there was an effective supervision planner in place. When people were unable to attend the meeting this was highlighted on the planner and a new date arranged. This ensured that all staff had the opportunity for one to one discussion with their manager and time to reflect on practice or discuss developmental needs.

The service had its own human resources department and they liaised with the manager on the recruitment of new staff. Recruitment was carried out well with all mandatory elements included, such as relevant references, detailed interviews, Protection of Vulnerable Groups certificate (PVG) and Right to Work in the UK checks. The management team carried out monthly checks to ensure that all staff were registered with the Scottish Social Services Council (SSSC), this is required to be able to continue work as a care worker.

Staff, relatives and people experiencing support told us that management were approachable and responsive to any contact made with them. They told us they were comfortable in approaching the service manager, or other managers, if they had any complaints or enquiries.

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.

We saw that staff levels in each house was good and that they worked well together. There was good communication shared between them and they understood how each other were working. Some days there was redeployment of staff from other houses, usually due to absence, and on those occasions we saw there were still good working relationships between them.

Staff we spoke with told us they enjoyed their work and that they were happy with the training and support given from the managers and the organisation. Staff wellbeing was discussed at team meetings as well as being on the agenda for discussions at management meetings. There were processes in place where staff could access services such as relaxation massages, exercise and mindfulness classes. There were also comfortable areas where staff could go when having a break or some time out. They told us they felt valued in their roles and were pleased they were recognised for the work they did.

We were able to see that there were good opportunities for staff training, and that these were being utilised. Training was given in areas such as Understanding Dementia, specialised training for specific conditions such as Parkinson's, Palliative care, Moving and Assisting and Adult Support and Protection. There was a robust induction programme in place for new staff. During induction staff spent a few days learning about the organisation, doing initial training in areas such as continence care, infection prevention and control, and falls awareness. There was then the opportunity to shadow colleagues for at least two weeks. Over a period of time staff worked their way through a competency framework. which was agreed and approved by their line manager. This ensured that people could be confident that staff knew how to carry out their role, and that they were competent and knowledgeable.

We enjoyed seeing that all staff (including housekeeping and other ancillary staff) and people experiencing care really enjoyed their interactions with each other, and that there was a lot of humour used in these interactions.

How good is our setting?

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.

On entering the service the lay out was spacious, welcoming and warm, as well as attractive, bright and very clean. Areas were clearly signposted with directions to each house.

Each house was another welcoming space with an open plan large dining/kitchen area and a cosy lounge. Most houses also had other smaller private lounges where people could meet with relatives or go to for one to one chats. Peoples bedrooms were large and well furnished, as well as being personalised by families and staff. This meant that each room was individual and suited to person using it.

Corridors were wide and open, allowing space for more than one person to use and pass at any one time. They were well decorated with colourful artwork and reminders of armed forces memorabilia. These worked well for people as they could often relate to the memorabilia displayed.

There was a large well equipped gymnasium available for people to use, and this was particularly useful to people receiving physiotherapy. Throughout the service facilities were very good, and they helped provide resources to improve both physical and mental well being for people.

Secure garden areas on the ground floor were easily accessible for people and had attractive garden furniture in place. When weather permitted these were used by people and relatives; we were able to see that some people used them in colder months for walking and exercise.

The service had access to a dedicated maintenance and facilities team. We saw that they kept all repairs up to date, as well as ensuring that all safety checks were carried out on equipment and systems. The large housekeeping team worked throughout the day and the night to ensure that the whole area was cleaned, including furnishings. Time spent, and cleaning products used, meant that the service was following guidance on Infection prevention and control to keep people well.

The laundry was a well managed area. Laundry staff had access to very good equipment and they clearly marked, and arranged for delivery of laundry to each different unit. Overall, this was a successful process with people all receiving their own items back, and where any issues had been reported then these could easily be rectified by speaking with staff or managers.

How well is our care and support planned?

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.

People should benefit from personal plans that are person-centred, up to date and reflect their rights, preferences and desired outcomes. We saw from observations and discussions with the staff team that people's needs were identified, and staff were able to engage and support people with dignity and respect.

All personal plans contained information that told us what people in their lives were important to them.

They gave some life history information and were up to date with people's current needs and wishes and up to date health history.

Needs and wishes of people can often change and as such it is important to review previous plans. We saw clearly when people's personal plans had been reviewed and updated, and they clearly recorded who had been consulted in the update. These updates were carried out on a four weekly basis, as well as a statutory review that was carried out every six months. When possible, people experiencing care were involved and consulted in discussing any change in needs. If this was not possible (due to a lack of capacity) their families were very much encouraged to participate in the review for their loved ones, discussing their changing needs.

When we spoke to families, they confirmed to us that they were involved in decisions about their loved one's care, and they appreciated the way in which the home liaised with them about it. Personal plans also had input from external health and social care professionals.

Each personal plan showed us information in regard to legal matters, such as who had Power of Attorney, (POA) who was an Adult with Incapacity (AWI) and who had chosen Do not Resuscitate (DNACPR). We were reassured that people's legal status was known and their legal paperwork was in place.

Future planning for people is an area that should also be explored and we saw that this was approached by staff, however people experiencing care and families were often hesitant to do this. We spoke with the manager about this and asked that they continued to support staff to have these difficult conversations, in a sensitive manner, with people and their families.

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 provider should ensure there are accurate hydration records in place for people experiencing care, particularly when a health need advises that fluids should be encouraged.

This is to ensure care and support is consistent with Health and Social Care Standard 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 14 August 2024.

Action taken since then

Where clinical judgement has been made that due to a health need fluids should be encouraged for people, we saw that there had been some hydration records kept electronically. However, to be able to see these at point of care there is now a "Fluids policy" highlighting that there should be paper records available. This is to ensure that family members can see at a glance how much fluid intake loved ones had taken. It also allows them to add to the chart any fluids that have been taken during visits.

This new policy and procedure had only recently been introduced, and we would need to see the sustained use and development of this procedure in order to agree that the area for improvement has been met. (Please see How Good is our Leadership in Key Question 2)

This area for improvement has not been met.

Previous area for improvement 2

The service should ensure that each person experiencing care has a personalised plan in place that fully reflects their needs, preferences and choices. Staff should pay attention to ensure that the progress notes completed are accurate and reflective of the care and support provided.

This is to ensure care and support is consistent with Health and Social Care Standard 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 14 August 2024.

Action taken since then

We saw that templates for people's personal plans had been further developed to contain more information.

Each plan we saw had full information of people's choices, needs and preferences and the information was placed at the start of the personal plan. It was reviewed regularly, four weekly and six monthly, and then updated accordingly.

We also saw that daily notes recordings reflected the care and support that each person had experienced. This meant there was an up to date personal plan in place for each individual.

This area for improvement has been met.

Complaints

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

Detailed evaluations

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| How well do we support people's wellbeing? | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support | 5 - Very Good |
| How good is our leadership? | 5 - Very Good |
| 2.2 Quality assurance and improvement is led well | 5 - Very 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? | 5 - Very Good |
| 4.1 People experience high quality facilities | 5 - Very Good |
| How well is our care and support planned? | 5 - Very Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 5 - Very Good |

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