

Elaina Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 December 2024

Service provided by:
Elaina Care Home Ltd

Service provider number:
SP2005007160

Service no:
CS2005086493

About the service

Elaina Nursing Home is a small privately owned care home. The providers are Elaina Home Care Limited. The home is situated close to the town centre in a residential area of Wishaw, a town in North Lanarkshire. The home is close to public transport routes and Wishaw General Hospital.

The service is registered to provide nursing care to twenty-two older people and younger people with a physical or sensory impairment. The home currently offers accommodation over one level, there is a communal lounge and conservatory with a separate dining room. There are outdoor spaces to the rear of the building that residents can access through the year.

The service aims of the service state "we will endeavour to ensure the home is an extension of the residents' former lifestyle and make their stay in the home as stress free, happy and as safe as we can".

At the time of our inspection, there were 18 residents living at the home.

About the inspection

This was an unannounced inspection which took place between 16 and 19 December 2024. Visits to the home took place on 16 December (09:45 - 15:30) and 17 December (07:15 - 16:30). 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, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and three relatives/friends;
- spoke with a number staff and the management team;
- reviewed six questionnaires received from people supported;
- reviewed 11 questionnaires received from staff;
- reviewed documents;
- observed practice and daily life for residents and staff;
- spoke to and emailed external health professionals.

Key messages

- People were happy with the care and support they received in the service.
- Relatives were happy with the quality of care and management in the service.
- External professionals were happy with the staff, management and quality of care and support.
- Staff felt well supported by an approachable and supportive management team.
- Medication administration records for 'as required' medicines should be improved.
- Administration and care planning documentation should be streamlined and organised so that only relevant and current information is available to staff to help support people.
- Recruitment documentation should be maintained and stored in line with best practice guidance.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	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.

Throughout the inspection visits we could see people were treated well and with dignity and respect. We saw caring interactions between staff during our visits to the service. Staff clearly knew the residents well and understood how best to support them. We carried out a more formal observation in the lounge area and noted similar caring and supportive interactions. People appeared well kempt, comfortable, and engaged well with the care and other staff within the service. Staff we spoke to told us people were cared for to a high standard. The relaxed and friendly environment coupled with the very good levels of observed care were clearly benefitting the people experiencing care.

People in the home were receiving regular visits from their loved ones. Relatives and friends we spoke to told us they could see their loved ones when they wanted. Families responding to our questionnaires on residents' behalf commented positively about the very good quality of care their loved ones received in the service. Comments included: 'Care of my [relative] is always discussed with staff and management on a regular basis', 'Caring, loving staff. Helpful with any problem', 'Always helpful, always caring'.

This level of contentment was also seen when we spoke briefly to four people supported in the service. They responded with smiles and nods when asked if they were happy in the home. Everyone responding to our questionnaires were also overall happy with the quality of care provided in the service.

It was evident that the service had good links with external professionals. We interacted with a number of professionals during the inspection who were positive in their views regarding the quality of care provided in the service. Some commented that the service was 'great to deal with' and 'one of the best'. It was also evident in care plans that the service interacted as necessary with the Care Home Liaison Team, GPs, Dentists, Opticians and other specialists in ensuring people's wellbeing and care needs were being met. This gave us assurances that people were being well looked after.

We were assured that people were getting the medication they needed for their wellbeing. However, it was found that the reason and effectiveness of all 'as required' medications was not being recorded consistently on the medication records. It is important for people's wellbeing that this is accurately recorded for all such medicines. This allows proper review of medication, and, informs as to whether a dose is working, needs to be increased, decreased, or medication changed to meet people's health and wellbeing needs. It was also found that protocols for 'as required' medication were also not in place. It was accepted that trained staff knew people well and could accurately assess if 'as required' medication was needed. However, protocols should be in place for all 'as required' medications so that anyone who needs to provide medication support is aware what to do, or look for in each instance to meet people's needs. **(See area for improvement 1).**

Areas for improvement

1. To ensure people's wellbeing detailed protocols should be put in place for all 'as required' medication. Entries on medications administration records should also be made for each dose with reason and effectiveness recorded in all instances of 'as required' medication administration.

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 receive is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where strengths impacted positively on outcomes but only just outweighed areas for improvement.

To ensure people supported staff took part in service improvement the service had arranged for staff meetings to take place to discuss service operations and functions. We sampled records of these meetings and found them to be organised and inclusive. These meetings are important opportunities at which all staff in the home can have their voices heard and take part in the service's improvement and quality assurance agenda. It is important that the service promotes participation in these meetings to ensure the widest range of views, and suggestions can be considered in its improvement. This process of feedback was also supported by questionnaires that had been recently sent out to relatives which allowed them to provide comments and suggestions.

It was clear when interviewing staff that the management team were approachable, supportive and would listen and respond promptly when staff raised concerns. The senior team worked on the floor a lot due to staff absences. They were very much hands on and ensured people's needs were being met at all time. There were various effective audits in place to ensure care was at an acceptable standard. We sampled up-to-date and well completed care plan audits, dining audits and staff practice observations. We also found that staff were subject to regular one-to-one supervision meetings with senior staff. This assured us that management systems were in place to ensure staff competence and meet people's wellbeing needs.

Systems and folders for storing service documentation could be better organised and indexed. When looking through all service documentation such as training folders, staff supervision folders and maintenance folders it was often difficult to find relevant, current information. For instance, it took some time to find and establish the level of training completions; who had received supervision and when; and; the most recent certification for various elements of maintenance that required it. There were essentially two things that could be improved upon. The first being, the content of the folders. Only relevant up-to-date, current information should be stored operationally and all other documentation archived accordingly. We found a lot of older non-current information in files.

The second area that could be improved is oversight. Logs and matrices with a breakdown of of key information, for instance, dates of training completed and when refreshers are due should be located in the front of folders. We needed to manually count some documents and check certificates to establish completion levels. To supplement this a general tidy up of all service folders was suggested. These improvements would ensure that the necessary, current information is available and good oversight is achieved to ensure the service runs efficiently, safely and nothing is missed.

(See area for improvement 1).

Areas for improvement

1. To ensure necessary information is available quickly and effectively the service should organise files to ensure people have access to the most relevant, current information and non-current information archived.

The service should also improve oversight by formulating matrices and logs so elements like, but not limited to, maintenance certificates, training completions/refreshers, staff supervisions, reviews and audits are logged and summarised.

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

'I use a service and organisation that are well led and managed' (HCSC 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

Staff presented as happy working in the service and demonstrated a good knowledge of people's needs and how these could best be met. In responses to our questionnaires staff were very positive about the service and commented: 'This service enables residents to be as independent as possible and feel safe in their environment.' and; 'Service users are very well supported, and all staff try their best to give them the best quality of life possible.' The staff team gave an overall impression of a close team of staff who worked well and closely together so that people experienced a good level of care.

We could see, on checking training records, that staff were subject to a range of mandatory training packages. Staff had completed their training, both online and face to face in key areas. Training was monitored and offered regularly by management to ensure staff completed refresher training within prescribed timescales. This meant that staff were competent to provide for the needs of the people the service supported.

Staffing levels and mix of staff were sufficiently in place to meet people's needs. Staff confirmed this in interviews during the inspection. Staff told us they would pull together to ensure people's needs were met. It was noted that the service was utilising agency staff due to staff absences at the time of inspection. It is important that managers keep on top of staffing levels and mix of skills to ensure people can be properly looked after and that staff and management can get appropriate time off.

As part of our core assurance checks we found that recruitment documentation could have been better maintained. On sampling staff files we found some had the relevant evidence stored as part of the service recruitment process and some had not. There was an inconsistency in how this was done. Although we were assured checks had been carried out, as was seen in various checklists and in the disclosure process, some evidence in the form of copied documents had not been stored as they should have been. We asked that for those recently recruited this was corrected retrospectively as a priority. However, it is important that the service adheres to the relevant guidance going forward, in this case available to view at: <https://hub.careinspectorate.com/resources/safer-recruitment-through-better-recruitment/> This guidance was shared with the service and an area for improvement made accordingly. **(See area for improvement 1).**

Areas for improvement

1. To keep people safe and meet people's needs, the service should ensure that all necessary recruitment evidence and associated documentation are copied and held appropriately to comply with relevant recruitment guidance and legislation.

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).

How good is our setting?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

The service was generally clean, tidy, and free of clutter. The communal areas were welcoming and tidy. The environment and equipment were cleaned to a good standard and areas were mostly well maintained. It is a small home and people were sat together in a social area with staff monitoring them continuously. People lived on one level on the ground floor and communal areas of the home were signed. The lounge, dining room and conservatory were all adjoined in one area of the home. Where orientation was an issue staff supported people to get around the home safely and in line with their preferences and needs. People's rooms we visited were well appointed, personalised with pictures and ornaments. All rooms were warm. One comment we received in our questionnaires regarding the quality of the environment in the service stated: 'comfortable and clean.' It was a small but pleasant environment to live in for the people supported.

The service was subject to an ongoing refurbishment drive and maintained to a good standard. Since our last inspection we saw that at least three further rooms had been refurbished. We were informed by visitors we spoke to that the lounge carpet had also recently been replaced. Maintenance records were up to date ensuring that things like water condition, electrical goods and hoisting equipment were of a good standard and safe for residents to use. The service was a safe environment for those who resided there.

How well is our care and support planned?

We evaluated this key question as good because strengths in this area clearly outweighed areas for improvement.

Every person living in the home had a personal care and support plan that detailed their care needs. These were updated frequently and available to all appropriate staff, visiting professionals, people living at the home, and their relatives, as necessary.

It was noted that the entries we sampled in care plan, support plan documentation were descriptive. This information was clear, detailed and individualised. Staff clearly knew the residents well and this was also described well in the associated care plan sections. It is important a good level of detail is provided so that anyone who needs to access the support plans would be able to effectively identify key information in maintaining someone's health and wellbeing.

Plans could have been better organised and some irrelevant information was found in them. When sampling care plans we could see that all the information necessary was there but there were also some older, less relevant documents found. In one case the information was contradictory and it was difficult to ascertain quickly which information was relevant. This issue was dealt with during the inspection. To keep people well and safe it is important that staff have prompt access to information that is relevant and up-to-date. It was accepted though that as most of the staff in the home had been there a number of years and clearly knew residents needs well this was unlikely to produce negative outcomes. However, a small risk remained. Care planning documentation should be current and only up-to-date information should be accessible at all times to meet people's needs.

(See area for improvement 1).

Areas for improvement

1. To avoid confusion and ensure that staff have access to the correct and most current information care plans should be organised, indexed and only relevant information made available. Older, non-current documentation should be archived as necessary.

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

'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.' (HSCS 1.15).

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 ensure people's needs are met daily records should be completed fully, in line with relevant guidance, and be up to date for all treatments and supports provided including but not limited to oral care and wound management.

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

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

This area for improvement was made on 21 February 2024.

Action taken since then

On reviewing daily records we could see these had been updated correctly and there appeared to be no gaps in the entries made by staff. The entries reviewed included oral care, wound management and repositioning charts.

This area for improvement had been met.

Previous area for improvement 2

To support ongoing improvement, quality assurance for care plans and the mealtime experience should be in place.

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

This area for improvement was made on 21 February 2024.

Action taken since then

Quality assurance audits had been regularly undertaken by senior staff since the last inspection. These included care audits and mealtime experience observations.

This area for improvement had been met.

Previous area for improvement 3

The home should ensure it makes best use of the experience, qualifications and skills of its senior staff in assisting the manager to lead quality assurance and improvement. This should include a review of senior roles and responsibilities within the home and clarification on lines of reporting and supervision responsibility for care staff.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 21 February 2024.

Action taken since then

Management duties had been shared with senior members of the staff team. These included some audit processes and individual supervision meetings with staff. Nurses had also been assigned to monitor each resident's care and were responsible for keeping care plans up to date. Staff informed us they were well managed by an approachable and supportive management team.

This area for improvement had been met.

Previous area for improvement 4

To ensure that staff are sufficiently knowledgeable and people's needs are met, the service should provide staff with a full package of mandatory and refresher training to include, but not be limited to, dementia and adult support and protection.

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

'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 area for improvement was made on 21 February 2024.

Action taken since then

A range of training had been completed by staff since the last inspection. These training areas included dementia, adult support and protection, moving and assisting and fire safety.

This area for improvement had been met.

Previous area for improvement 5

To ensure staff are informed of, and can feed into service developments and improvements to maintain people's wellbeing, regular team meetings across the service staff teams should take place.

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

'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).

'I use a service and organisation that are well led and managed'. (HSCS 4.23).

This area for improvement was made on 21 February 2024.

Action taken since then

Evidence of recent team meetings were seen in the form of team meeting records. Staff also told us these meetings had taken place. There was confidence in the staff group that if they raised any issues or made suggestions the management team would listen to them and respond promptly.

This area for improvement had 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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

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