

Eastwood Court Care Home Care Home Service

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Giffnock
Glasgow
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Telephone: 01416383366

Type of inspection:
Unannounced

Completed on:
13 February 2025

Service provided by:
Maven Healthcare (Eastwood) LLP

Service provider number:
SP2024000004

Service no:
CS2024000388

About the service

Eastwood Court Care Home is registered to provide residential and nursing care to 52 older people. There were 43 residents living in the home during our inspection. The provider is Maven Healthcare (Eastwood) LLP. The care home registered with the Care Inspectorate on 14 October 2024.

Accommodation is over three floors. The ground floor has a large communal lounge space, large dining room, and a conservatory for residents to use and there is access to an outdoor space. There is a combined lounge and dining area on the second floor and first floor.

The home is situated in Giffnock, East Renfrewshire and has its own private car park. It is close to good transport links and local services.

About the inspection

This was the service's first inspection since registering with the Care Inspectorate. This was an unannounced inspection which took place on 11, 12 and 13 February 2025. 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.

In making our evaluations of the service we:

- spoke with six people using the service and 15 of their family
- spoke with 11 staff and management
- spoke with one visiting professional
- observed practice and daily life
- reviewed documents
- received four responses to an online survey from residents of the home.

Key messages

- People were cared for by a caring staff team who were trained appropriately and worked well together to ensure that people had their needs met.
- The management team and the provider regularly reviewed people's experiences to ensure they benefitted from their care and support.
- Staff worked well together and the number of staff on shift was regularly reviewed by management to ensure that people were supported well.
- The home was working through a detailed environmental improvement plan that would ensure people continue to live in a good quality environment.
- The home will be changing to an electronic care planning. This will support the home to ensure that any out-of-date information is removed from people's plans.

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? | 4 - Good |
| How good is our leadership? | 4 - Good |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 4 - Good |
| How well is our care and support planned? | 4 - Good |

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

How well do we support people's wellbeing?

4 - Good

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

People were cared for by a stable staff team who were trained appropriately. We observed staff interacting kindly with the people they were supporting. Staff provided support at a pace that ensured people were not rushed. When people requested support or interaction, this was provided by staff in a timely manner with patience. Staff ensured that people were supported to move from wheelchairs into comfortable seats which ensured that people were seated more comfortably in chairs that met their needs and ensure they were in a more homely atmosphere.

Mealtimes were pleasant and people were able to enjoy meals in a calm and relaxed atmosphere. Residents appeared to enjoy the food on offer and kitchen staff had a good understanding of people's dietary needs and preferences. People were offered additional helpings of food. This meant that people were supported to eat well.

There was good information sharing between shifts which ensured that staff had the information they needed to look after people well. Recording of people's day was good with weekly booklets used to record care tasks and people's food and fluid intake effectively.

There were good activities for people and a focus on ensuring that people had opportunities for mental stimulation, social interaction and physical activity. However, there was a limit to this due to the time staff had available to engage meaningfully with people. We found there were periods where residents were looking for interaction and no one was available as they were busy. We discussed this with management, who were looking to consider redeployment and changes to the activities team to better support people to participate in activities (see area for improvement 1).

Referrals to community nursing or GPs were made when required, which ensured that people's health needs were met. Personal plans showed us that referrals were made to allied health professionals, such as speech and language therapy, falls team, and mental health services, when appropriate. People's health needs were well met, people were supported to maintain their weight and skin was well looked after with very few wounds. Medication was well managed, record keeping was clear and there were regular checks in place to ensure that medication had been administered correctly. This meant that people were well looked after.

Areas for improvement

1. The manager should review the provision of health and wellbeing activities. This includes reviewing the availability of staff to support people to take part in activities as well as reviewing the range of activities on offer. This is to ensure that people have opportunities to participate in a range of activities that meet their health, wellbeing and social needs.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

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 provider had implemented a robust system for auditing and quality assurance which included audits completed by the home's management and the provider's quality team. This was still in the early stages in Eastwood Court and there had not been sufficient time to show the effectiveness of these audits in driving continuous improvement. However, we saw that audits were effective at identifying required improvements.

There was a service improvement plan in place in the home, this included tasks to be completed that were identified by the auditing processes. This plan would benefit from being more aspirational and future focussed.

In people's plans, we saw that people had regular reviews and that plans were updated regularly in line with risk assessments. This ensured that their plans matched their changing needs.

Observations of staff practice were completed and staff had supervision sessions. These ensured that there was an opportunity for staff to have their practice reviewed and to discuss any learning or support needs they had. An improvement to this would be making space for reflective discussions and recording these within the paperwork. This would ensure that staff are competent and able to apply feedback and learning to ensure that people receive good quality care.

We attended a relatives meeting and this was well attended. There were regular opportunities for people to feedback on their experience. This feedback was used to drive improvement. Management were responsive to any concerns we identified during the inspection and had a good understanding of where the home needed to improve and develop.

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.

The number of staff on shift was calculated using a recognised dependency tool to calculate staff numbers required to meet people's care needs. Numbers were reviewed based on feedback and staff numbers adjusted accordingly. There was not a clear record of how decisions were made about how many staff were on shift. There had been a decrease in staff numbers as some residents were in hospital and the reduction was based on the reduced number of residents. Feedback from staff had been listened to as it was identified that this reduction was having an impact on staff wellbeing and on the amount of time it took for residents to receive care. We saw that the provider and manager had already reviewed the numbers of staff on shift. Although we found management and the provider to be reflective and responsive regarding reviewing the number of staff on shift, the provider should develop a better method for recording the decision-making process (see area for improvement 1).

Management was responsive to changing needs of residents to ensure that there were additional staff put in place to support residents under times of greater health or wellbeing needs. Staff told us, and our observations showed, that there was not always enough time to spend with residents to meet their emotional needs. We saw that there was a review underway of staff roles and to the shift times of the

activities team to address this. This meant that management listened to feedback and made changes where necessary.

Staff were generally enthusiastic and reported they felt they worked well together as a team, and they felt well supported by the management team who they noted were responsive and approachable. It would be good to include more focus on staff wellbeing, for example, in supervisions, to ensure that staff have an opportunity to reflect on how they are managing with stress, workload, etc.

Areas for improvement

1. To ensure staffing levels are sufficient to meet the needs of people living in the service, the provider should:

a) demonstrate they have taken into account further considerations in addition to their chosen assessment tool in relation to all non-direct care duties of staff when calculating staffing levels, and

b) demonstrate that this information is used to ensure there are enough staff on duty at all times to meet the needs of people living in the service.

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

'My needs are met by the right number of people' (HSCS 3.15), and

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

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 offered a choice of communal areas which were comfortable, and the standard of cleanliness was good. Furnishings were in good condition and pathways were free from clutter. We discussed with management that it would be good to see some more homely touches added to the communal spaces.

Schedules for the ongoing maintenance of the building and equipment were in place, carried out and monitored regularly. Maintenance, including redecoration, was carried out regularly. This gave us confidence that the setting was safe and well maintained.

Bedrooms were nicely presented and personalised. This gave people a sense of belonging. En suite bathrooms promoted privacy. Additional facilities and equipment was provided in accordance with people's individual support needs.

People benefitted from access to a pleasant outside space when the weather permitted.

As part of the service's registration with the Care Inspectorate, there was an environmental plan in place. This inspection took place while the time frames for completing the action plan were not yet expired. Work was in progress towards completion of the action plan.

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.

Personal plans we reviewed were of a good standard and were person centred. People's likes, dislikes and preferences were clearly indicated in the plans. This meant that people had their care carried out in line with their wishes and preferences.

Individual medication profiles were up to date and contained detail of how people preferred to take their medication, for example, with a glass of juice. There was a photo of each resident on the medication profile. This ensured that new or temporary staff were able to confirm they were giving medication to the right person.

There was good recording of people's days, including what they ate and drank and what they did that day. These were handwritten in a weekly booklet. These recordings were of good quality. The provider is moving to an electronic care planning system, and it is important to ensure that these good quality recordings continue in the new system.

We found that archiving was not always up to date and this could make it hard to find the most recent information. This will be addressed when the new electronic system is implemented.

We found that few personal plans contained detail of people's wishes for their future care. This is sometimes called an anticipatory care plan. These ensure that people experience person-centred care towards the end of their life and that people's last wishes are respected (see area for improvement 1).

Areas for improvement

1. So that people's preferences for future care needs are known and recorded, the service provider should ensure everyone living in the home has a clearly defined plan for their future care and support needs.

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

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

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| 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 |
| 2.2 Quality assurance and improvement is led well | 4 - Good |
| How good is our staff team? | 4 - Good |
| 3.3 Staffing arrangements are right and staff work well together | 4 - Good |
| How good is our setting? | 4 - Good |
| 4.1 People experience high quality facilities | 4 - Good |
| How well is our care and support planned? | 4 - Good |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 4 - Good |

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