

Eagle Lodge Care Home Service

488/1 Ferry Road

Edinburgh
EH5 2DL

Telephone: 01315 511 611

Type of inspection:
Unannounced

Completed on:
4 March 2025

Service provided by:
Salvation Army

Service provider number:
SP2004005634

Service no:
CS2003010900

About the service

Eagle Lodge is a care home registered to provide care for up to 35 older people. The service is provided by the Salvation Army which also has other care services throughout the United Kingdom.

Social care staff care for people living in Eagle Lodge. There are team leaders, a head of care, an administrator and a home manager. Community nurses support the staff with any nursing care people may need and the care home has a dedicated visiting GP service.

The home is situated on Ferry Road in Edinburgh. There are garden grounds to the front and back of the building and car parking is available at the front of the home.

The home has three floors and a lift. The main lounge and the dining room are on the ground floor, the kitchen is off the dining room. There is also a seating area in the dining room overlooking the front of the home. There is a smaller dining room on the ground floor, a quiet room and lounges/dining areas on the first and second floors. There is an activities room and a hairdressing room for people to use.

There is a community café in Ashbrook House adjacent to the care home which has continued to be well used by people experiencing care and their friends and relatives since opening. Ashbrook House is also used to host events organised by the care home.

There were 33 people resident at the time of the inspection.

About the inspection

This was an unannounced inspection which took place on 24 and 25 February 2025. The inspection was carried out by three 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service
- spoke with seven relatives
- looked at twelve questionnaires completed by residents
- spoke with fourteen staff and management
- observed practice and daily life
- reviewed documents
- looked at feedback from two involved health professionals

Key messages

- People experienced compassionate and dignified care.
- People had access to a range of activities and outings.
- The environment had been refurbished and was clean, welcoming and comfortable.
- Staff had access to regular training and learning opportunities.
- The service was well managed with effective communication systems to regularly share information across departments.
- Night staffing levels were to be increased to support people experiencing stress and distress.
- Further night staff observations and competency checks were needed to quality assure people's night time staffing arrangements.

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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	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 relation to how well people's health and wellbeing needs were supported by the service. We evaluated the performance of the service under this key question as very good.

People experienced compassionate, dignified and respectful support from staff who knew their individual needs well. People's health and wellbeing needs were promoted very well with lots of activities on offer as well as dedicated one-to-one support time allocated on the staff rotas. The level of activities coordinators had increased and there was now an activities coordinator working at weekends. People praised the energy and dedication of activities staff and the chaplain and we saw that improvements had been made to how people's activities were planned for and recorded. There were lots of in house activities including visiting entertainers as well as organised events and trips. Residents meetings were held and this supported including people in planning for events and giving their suggestions for improvements. A 'You Said, We Did' board had been purchased recently and was to be used to communicate how residents' feedback had been acted upon. This meant that people could have confidence that their care provider promoted their involvement in the running of the service and had increased levels of activities at the service to benefit their quality of life.

People's care and support plans were detailed and regularly reviewed and their health and well being needs were being regularly monitored. People also had review meetings which involved those important to them and this gave them dedicated time to discuss their support and express their views. The service maintained records of communication with a range of health and social care professionals and were proactive in getting the right supports in place for people when there were any changes to their health and wellbeing.

We received very positive feedback from a visiting health professional who had regular contact with the service.

Comments included:

'Residents are cared for with dignity, respect and care. I have only positive things to say with regards my visits and communication with the home. The home is always very well maintained with thoughtful touches for residents with memory impairment. The team really are excellent. All caring and compassionate and very friendly. The team are very approachable and open to discussions regarding changing/improving care.'

This meant that people could have confidence in their staff to provide them with responsive care and regularly monitor and review their health and wellbeing.

The provider had taken action to make improvements across a number of areas relating to people's health wellbeing since the previous inspection. Team leaders were taking responsibility for medication management and we saw that there were effective systems for ensuring that people were supported with their prescribed medication including covert medication and 'as required' medication. Staff recording of prescribed creams had greatly improved and records evidenced that people were being well supported with their skin health. Staff were vigilant in reporting any concerns to their management team and were clear about their duties to report any adult support and protection concerns. This meant that people could be assured that their staff promoted their health, safety and protection well.

Residents told us that they got on very well with all their staff and that they were all kind and caring and attentive. Comments included:

'I really can't fault them in anyway.' 'We have good fun here and I enjoy the activities' and 'They are all so good and always there for me. I prefer to stay in my room but they always check on me and spend time with me when they can.' 'The staff are all very good -they have supported me through difficult times. I am disturbed during the night though and really want to get more peace at night.' 'The food is improving - some really good dishes - others not as good.' 'I am very happy here - the staff are always attentive and all very caring - can't do enough for you.' 'Staff always come quickly when I press my buzzer - never have to wait long.'

Relatives we consulted spoke highly of the quality of the care their loved ones experienced.

Comments included:

'I am really so happy with my relative's care - they are all so kind and caring - really assured knowing that my relative is in the best of hands - as soon as I walked in I knew it was the right place - clean, homely, friendly - lots of activities going on. They gently encourage my relative along and she loves it once she has joined in - really can't find any fault with them. Communication is very good and all the staff are so lovely and the activities person is just excellent - so much energy and enthusiasm.'

'If I could sign up for a care home now I would sign up for eagle lodge. It's not 100%, nowhere is but they recognise their areas for improvement. Staff are very kind, authentic, knowledgeable of the people they care for. My Mum has dementia and they are very knowledgeable about caring for people with dementia. They are also very kind to the relatives too.'

'Everything is fine . We have relatives meetings and these are constructive - we talked about quality of food and how it could be improved. Communication with the service is really good - The activities person is always making sure my relative has company and the chaplain is very good and takes her along to church as religion is important to her.'

The service monitored people's nutritional status and maintained records of food and fluid intake where necessary. People's mealtime arrangements had improved. Residents were regularly asked for their opinions about the quality of the food. Recent feedback about the quality of food showed that the majority of respondents enjoyed their meals. We heard that there were some particular favourite meals which had gone down very well but others which were not as enjoyable. Our observations of mealtimes indicated that some people were waiting a while for their meals to be served and that staff could be deployed better at mealtimes so that the mealtime arrangements were more slick and better organised. There was therefore still scope for further improvement. The recent addition of a trained chef to supervise mealtime arrangements should lead to continued improvement to the variety and quality of meals.

There were regular audits of medication and this supported picking up any potential errors promptly. We looked at night staff competency and skills to ensure that there were sufficient staff who could administer medication during night hours. We saw that some of the night staff were about to have their medication competency checks. This will provide a greater pool of night staff with the knowledge and skills to support people with their medication. This meant that people could be assured that their care provider had effective systems in place to ensure they received their medication at the right time.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Safe recruitment procedures were in place to vet prospective employees and promote resident's safety and protection. New employees were well supported during their induction period and had opportunities to shadow experienced staff and time to receive the appropriate training to care for and support people well. Staff at all levels spoke positively about the leadership of the service and expressed feeling well supported in their roles. Staff told us that they were supported to be open and express their views at team meetings and during their individual supervision sessions. We noted that there were a few issues with internal relationships that the management team were aware of but overall colleagues worked very well together and there were effective communication systems to promote people's health and wellbeing.

Staff received regular training and refresher training appropriate to their role and were being supported to achieve qualifications to meet with the conditions of their registration with the Scottish Social Services Council. (SSSC) Staff received mandatory training in moving and handling, medication administration, adult support and protection and dementia and further external training to support people who experienced stress and distress was due to be delivered shortly after the inspection. The service had two internal moving and handling instructors and regular competency checks were carried out to assess how well staff were supporting people with their mobility needs. This meant that people could have confidence that their staff were being well supported in developing their skills and knowledge.

Staff had access to a range of supports to promote their health and wellbeing and also had the support of the chaplain who offered them protected time out with the work setting to discuss any aspects of their life where they might need additional support. This supported staff feeling valued by the organisation and being able to access assistance with practical and emotional issues should they need this.

Regular recorded observations of day staff practice were carried out and we saw that staff were assessed across all practice areas. We advised the provider to improve on the detail in the comments section of the observation forms to provide examples of the practices observed as at present most forms were of a tick box assessment. Although there were night staff meetings held and occasional spot checks carried out by management through the night we noted that there were no night time staff observation checks being recorded. Having regular observations of night staff practice supports their learning and development as well as quality assuring their skills and practice. We have carried forward a previous area for improvement in relation to this. (See area for improvement one)

Although there were sufficient levels of staff on duty during the day we considered that staff could be deployed better at key times such as when residents were having their meals. Team leaders were responsible for managing staff at mealtimes and serving food but we noted that they sometimes were called away from their duties and considered that they might need additional supports in place so that they could maintain focus on their duties. The management team agreed to review mealtime arrangements and staff deployment. The provider used a staffing dependency tool to assess residents' needs and assess the staffing levels required to support people well. Numbers of people in residence had increased and the provider had additional funding in place to employ a further night worker who would have senior responsibilities. This post was being recruited to and will support increasing staffing levels for people experiencing stress and distress during night hours. Although the management team had taken action to address issues raised by residents being disturbed during the night it was recognised that an additional member of staff was needed.

Areas for improvement

1. To support people's safety and wellbeing the provider should ensure that all staff have their care skills and care interventions regularly assessed and recorded well. Practice observations and competency checks should be carried out to monitor the quality of people's care experience during night time hours.

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

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

5 - Very Good

We found significant strengths regarding the quality of the setting at the service and how this supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

The provider had made significant improvements to the quality of the setting since the previous inspection. The main lounge and dining area had been refurbished and was very well decorated making it a pleasant space for people to enjoy their meals and socialise with others. There was an additional well decorated and nicely furnished dining area on the ground floor where people who preferred to sit somewhere more peaceful could go. The smaller lounges on the upper floors were well furnished, clean and comfortable and gave people additional places to sit outwith their rooms and the main lounge. There were also small seating areas around the home where people could sit and relax. Feedback from one relative suggested that an additional quiet lounge space on the ground floor would be beneficial and there may be scope for the current lounges to be used more by residents across the home.

People's rooms were personalised and nicely furnished and regular mattress and equipment checks were carried out to ensure that people experienced a consistently safe and pleasant environment. The call bell system was kept to a low level to prevent people being affected by obtrusive noise. The home was maintained to a high standard of cleanliness and domestic staff spoke positively about their work and their supervisor. The 'resident of the day' system was implemented and this system included checking that each resident's room was given a deeper clean on a regular basis.

People's mobility equipment was regularly checked and serviced and slings were replaced when showing signs of wear and tear. The addition of a shop where people could go and buy sweets, cards and drinks had been well received by most residents and relatives. The care home was adjacent to Ashbrook House and people could go to the community café there and spend time with staff and relatives. There were attractive pictures and memorabilia around the home and signage to support with orientation. There were plans to further improve the dementia friendly facilities. A relative with expertise in this area was involved in contributing their ideas, to make the environment more dementia friendly. This meant that people could be assured that their care provider was regularly checking the quality of the setting and using feedback from residents and relatives to continuously improve.

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 support people's legal rights the provider should review and update the capacity and consent sections of people's personal plans with all relevant information and supporting documentation.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 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)

This area for improvement was made on 26 March 2024.

Action taken since then

The provider had taken action to address this area for improvement. People's capacity assessments and related legal documents were all contained within their individual folders and the provider maintained a robust overview of capacity and consent documentation. This area for improvement has been met.

Previous area for improvement 2

To support people's skin health the provider must evidence that people are being effectively supported with their prescribed creams and staff are recording care interventions consistently.

This is in order to ensure care and support is consistent with the Health and Social Care Standards 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 26 March 2024.

Action taken since then

The provider had taken action to address this area for improvement. We found that people's prescribed creams were well recorded and staff were entering information into people's care documentation once they had supported people with their creams. We noted one prescribed cream that hadn't been entered into the system but this seemed to be a single event that was promptly rectified by the management team. This area for improvement has been met. The provider should continue to quality assure staff practice to sustain improvements made.

Previous area for improvement 3

In order to ensure that people enjoy their meals and have their preferences catered for, the provider should improve the quality of the mealtime experience using feedback from people who use the service and take action to improve the quality of the food.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33) and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS 1.37)

This area for improvement was made on 26 March 2024.

Action taken since then

The provider had taken action to gain feedback from residents about the quality of their mealtime experience. We looked at feedback from residents and while there were still some improvements that could be made to extend the variety of foods that people enjoy overall feedback evidenced improvements to the quality of meals. The provider had recently employed a kitchen supervisor who was an experienced chef and there was more flexibility to prepare some home cooked dishes alongside the Appetito meals which were bought in. This area for improvement has been met. The provider should continue to use feedback to improve the quality of people's mealtime experiences in line with their choices and preferences.

Previous area for improvement 4

To support people's safety and wellbeing the provider should ensure that all staff have their care skills and care interventions regularly assessed and recorded well. Practice observations and competency checks should be carried out to monitor the quality of people's care experience during night time hours.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24) and '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 26 March 2024.

Action taken since then

Staff observations and competency checks were carried out and recorded for day staff and the management team carried out occasional spot checks during the night. There were some issues raised with people being disturbed during night time hours. Observations of night staff practice needed to be carried out to assess how well they were supporting people experiencing stress and distress. We heard that due to the changing needs of residents as well as an increase to the number of residents at Eagle Lodge funding had been approved for a senior night carer. This post was to be recruited to imminently. This will support improving night time staffing levels and monitoring staffing arrangements during night hours. This area for improvement is not met. We have continued this area for improvement under 'How Good is our Staffing' section of this report.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.