

Edenholme Care Home Service

Edenholme Crescent
Stonehaven
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Type of inspection:
Unannounced

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Service provided by:
Aberdeenshire Council

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CS2003000305

About the service

Edenholme is situated in a quiet residential area of Stonehaven and is registered to provide care to a maximum of 60 older people, including a maximum of eight adults under the age of 65. The home is set in attractive, accessible gardens which are well utilised. Accommodation is provided across two floors, with each of the five individual units having its own living and dining areas. The home benefits from a large, central communal space which is utilised daily for coffee mornings and events. A number of smaller spaces are available throughout the home.

About the inspection

This was an full inspection which took place on 11 and 12 March 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 since the last inspection. In making our evaluations of the service we:

- spoke with 12 people using the service and three of their family. In addition, we received feedback from 15 people who used the service and 17 relatives through care surveys that were sent to people prior to the inspection.
- spoke with 11 staff and management and received 18 responses to care surveys sent prior to the inspection.
- observed practice and daily life
- reviewed documents
- received feedback from visiting professionals.

Key messages

- Edenholme is a bright spacious care home where people benefitted from living in smaller households with regular and familiar staff.
- People appeared comfortable and happy.
- People enjoyed a range of activities and opportunities.
- Staff were visible, responsive and respectful.
- The overall service improvement plan should be more inclusive of the views of residents, relatives, staff and other stakeholders.
- The manager was visible and approachable.

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.

The home was bright, spacious and welcoming. Staff knew people well and told us, 'My mum is very well looked after and well cared for', 'She's thrived in here; we can't praise them highly enough. She's well treated in here' and 'It's a perfect fit for him here'. People were happy and spoke highly of the care in Edenholme.

Staff were responsive to people's needs which meant that people did not need to wait for long periods for care and support. People looked well and were dressed appropriately. People were treated with dignity and encouraged to maintain personal touches to their appearance.

Key areas of risk such as falls, nutrition and skin integrity were managed well to reduce harm for people in the home. A variety of assessment tools were in place such as falls risk assessments, moving and handling and skin assessments. People could be confident that the correct measures were in place to protect them.

People were encouraged to move regularly which was good for both physical and emotional wellbeing. Activities included chair exercises, yoga, music and dancing. The home had a variety of activities for people to choose from. People told us, 'There's a lot of things to do like crafts, making cards' and 'I get out in the garden and to see the ducks'. As well as the group activities, a menu of more relaxed activities had been produced for people who may prefer to spend time in their rooms, this was an area that was being developed further for people so they could choose from a wider range of activities depending on how they were feeling or what their preferences were.

People told us the food was good. The introduction of breakfast clubs had been welcomed, and people spoke positively about being able to spend breakfast time with loved ones prior to going to work. Mealtimes were relaxed and unhurried. Food looked and smelt appetising, and people were offered choices. We were told, 'You can tell them if you want something else like a toastie, omelette or baked potato'. This encouraged people to eat well and some people had noted an improvement in their weight.

People had access to fresh fluids throughout the day. Where there was a need to, fluid intake was monitored to help ensure people were drinking enough to support good health and wellbeing and there was good oversight in this area to help ensure action would be taken where appropriate. Drinks and snacks were available in people's rooms and the lounges for people to help themselves. We were therefore confident people were well hydrated.

People's past experiences should influence their care and support. Health assessments and life story work had informed the basis of people's care plans. Plans described care in detail and had been compiled with people and their loved ones. Clinical care was monitored closely and reviewed regularly, to ensure high standards were maintained.

An organised system for medication administration was in place. There had been some improvements introduced that had helped to reduce errors and support staff. We highlighted where some improvements could be made to medication records and documentation. For example, 'as required' medication protocols could be more detailed to explain actions to take prior to administering medication. For example, where people had stress/distress. Staff were not consistently documenting the effectiveness of 'as required' and therefore it was hard to gauge whether the medication was beneficial to the person or not. Where people received their medication covertly, appropriate pathways were in place. The manager should ensure clear and consistent recording as there were some variances in the records we viewed. **(See area for improvement 1)**

Following a complaint, the management team had reviewed their processes for when people were showing signs that they may be unwell. This had resulted in improvements with staff using a standardised tool to help them identify early signs. This meant they could take prompt action to ensure people received the support and intervention they required. Whilst it was positive to see the progress made, more time was required to ensure that all staff were confident in completing the assessment tool properly to help inform decisions and improve the quality of information provided to other agencies. **(See area for improvement 2)**

The home was visibly clean and tidy, with cleaning protocols in place. Infection prevention and control (IPC) stations were available for staff throughout the home and used appropriately. People could be confident that they were being cared for in a clean and healthy environment.

Areas for improvement

1. The manager should ensure that there is a consistent approach to the recording of medication that reflects best practice and provides sufficient detail to inform a robust review of medication. This includes the administration of as required medication and its effect.

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 experience is safe and effective' (HSCS 1.24) and 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

2. The service should ensure that assessment tools are fully completed (including dates and times) to ensure that the correct course of action is identified in relation to peoples' needs.

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 experience is safe and effective' (HSCS 1.24).

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 manager was visible within the home. Staff told us the 'management team are approachable', 'I feel listened to'. The manager had a clear view of what was working well and what improvements were required and we heard about improvements that were planned.

Leaders in the service learn from adverse events and complaints. A recent complaint about the service had resulted in actions which had helped to bring about improvements. It was positive to see that informal concerns/complaints were recorded and this feedback considered with a view to helping improve outcomes for people. This demonstrated that the manager welcomed feedback and the opportunity to discuss where improvements could be made.

The manager encouraged others to become involved in quality assurance processes. Staff were involved in a range of audits and checks around each household which helped to promote responsibility and accountability. Regular team meetings, resident and relative meetings all provided forums for people to be involved in service evaluation and improvement.

The manager also had a monthly audit which completed an overview of the whole home. The manager had identified improvements to this and was considering how information could be gathered and presented in an easier to access format - for example an overview of accidents/incidents at a glance.

A service improvement plan had been developed and this described some of the planned actions to help bring about improvements for people. The plan however lacked evidence and involvement of consultation with people and we could not evidence how peoples feedback was influencing developments and improvements in the home. The service improvement plan should reflect engagement with all stakeholders including residents, relatives and staff. We were confident however that the manager was addressing this to develop a more inclusive plan that reflects how outcomes are improved with and for people.

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.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of 'Safer Recruitment, Through Better Recruitment'. New staff had been interviewed with employment references, protection of vulnerable group checks and registration of professional bodies checks being undertaken. This ensured that appropriate checks on new staff had been carried out to keep people safe.

The service was well staffed, with each unit staffed independently to reflect people's level of need. The numbers and skill mix of staff are determined by a process of continuous assessment. The manager used a dependency assessment tool to help inform minimum staffing arrangements. The manager knew residents and staff well and used this knowledge and their professional judgement to inform staffing across the home.

The manager should consider how information and feedback from staff and other stakeholders is gathered and how it is used to help review and influence staffing arrangements across the service.

Staff were clear about their roles and responsibilities. Whilst people living in each 'household' benefitted from regular and familiar staff, it was positive that there was some flexibility to help cover absences and leave with an established peripatetic team of staff.

Staff had opportunities to express their views through team meetings across all departments and formal supervision. As mentioned above, the manager was very visible within the service and worked alongside staff which provided opportunities for discussions and feedback. Minutes of meetings would benefit from follow up to actions agreed to ensure outcomes don't get lost or forgotten about. This would help to ensure that actions lead to improved outcomes for people.

It would be of benefit to future service development if the whole staff team were involved in quality assurance processes and that this activity informed the overall service improvement plan.

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.

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment is relaxed, clean, tidy and well looked after, with no evidence of intrusive noise or smells. Appropriate signage was displayed around the building to help people find their way around the home.

People had large, spacious rooms which were personalised. People told us, 'I can decorate the room how you want it. Maybe I will in the future. Didn't feel it needed it, as its nice'. It was important to people that they had familiar things around them which helped to make their personal spaces comfortable and homely.

People benefitted from a setting that was arranged into smaller households. This ensured people had space including communal areas as well as private areas in which they could spend their time. A secure, accessible garden encouraged people to enjoy outside areas. One person told us, 'The garden is a lovely space' and 'It's a beautiful home with a lovely garden'.

There were clear planned arrangements for regular monitoring and maintenance of the premises and the equipment which helped to ensure people enjoyed a safe and well maintained home. Some minor improvements were highlighted during the inspection however these formed part of an ongoing maintenance programme.

All staff were aware of cleaning schedules for the home and were clear about their specific responsibilities. Staff carrying out housekeeping and cleaning in the service provided a good account of their roles and routines which provided reassurance that a high standard of cleanliness was being maintained.

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.

People had care plans that comprehensively described the care and support they required to maintain good health and wellbeing. Care plans were clear, with lots of detail that reflected peoples preferences and choices. It is important that peoples life experiences inform their care and support therefore it was positive to see that information from peoples life stories informed the basis of people's plans.

There were a variety of risk assessments in people's files which were reviewed on a regular basis, for example, falls risk assessments and skin integrity assessments. People's level of risk was being monitored regularly to reflect any changes and ensure that current risk measures in place were appropriate and helped to keep people safe.

Staff had started to use an assessment tool to help them record and identify early indicators when peoples health may be changing or deteriorating. This would help to ensure that people received the right support at the right time to help address any health issues. This was a new tool for the staff team and there were still some improvements to be made in the documentation. We have made this subject to an area for improvement under key question 1.

Legal powers were documented in people's care plans, and copies of legal documents were evident, such as power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place. This meant that staff were aware of who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

Do not attempt cardiopulmonary resuscitation (DNACPR) documents were in place where appropriate. Detailed anticipatory care plans (ACP's) had been completed with people, which helped staff to identify what actions should take place when they reached the end of their lives.

Where equipment and technology is used to support peoples health and wellbeing such as bed rails, alert mats and alarms, the record of these should be clear and explicit. We discussed this with the manager and would expect to see more detail around the assessment, the discussion and the frequency of review of such items.

People should be fully involved in the development and review of their care and support plan. Some regulatory reviews were overdue. A review planner had been implemented however it is important that the manager has an overview of all reviews to help ensure that people are involved in reviewing their care and support at least once every six months and as their needs change. **(See area for improvement 1)**

Areas for improvement

1. To ensure that people benefit from care and support that meets their needs and personal outcomes, the provider should ensure that care and support is reviewed with the person and their family at least every six months, including a record of the discussion and actions taken.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

This requirement was made following a complaints investigation.

By 03 March 2025, the provider must demonstrate that the service has systems in place to ensure that the health needs of people who live in the service are adequately assessed and met. In order to do this, the provider must

- a) Demonstrate that staff will contact emergency services promptly when people who use the service require urgent medical help.
- b) Contact relevant professionals quickly when people are showing signs of illness or their health condition is not improving.
- c) Ensure that staff have the necessary knowledge, skills, and experience to assess when people who use the service require further assessment, investigation, or treatment.
- d) Ensure that anticipatory care support is fully implemented in line with people's wishes and personal plan.
- e) Ensure that managers and responsible staff monitor and audit people's health needs robustly.

To be completed by: 03 March 2025

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This is in order to comply with: 10 of 12 Regulation 4(2) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 29 January 2025.

This requirement was made on 29 January 2025.

Action taken on previous requirement

The service had made considerable efforts to improve clinical oversight.

The manager was working with the safety cross quality assurance tool, to monitor falls and skin integrity. We checked and found that residents at high risk of falls had appropriate support and oversight from senior staff. There had been a significant improvement in skin integrity in February 2025 and (thus far) in March 2025.

The manager had recently introduced the RESTORE 2 (Recognise Early Soft signs, Take Observations, Respond and Escalate) assessment tool and SBARD (Situation, Background, Assessment, Recommendation and Decision) communication tool.

Every resident had baseline observations in place, which would be helpful as a comparison in the event of illness or changes to usual presentation.

We could see that staff were not always completing these tools fully, sometimes missing important information such as dates and times. We discussed this with the manager, who agreed that the introduction to the documentation was at an early stage and needed time to embed. (See area for improvement 2 under key question 1)

We found that a resident who had been unwell on the morning of our visit had experienced a positive outcome from the new process being adopted from start to finish. The manager had arranged upcoming training sessions for staff.

We were reassured to find that a new hospital transfer letter had been created. The format ensured that a robust handover was given from the service.

Met - within timescales

Requirement 2

This requirement was made following a complaints investigation.

By 03 March 2025, the provider must demonstrate that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. In order to do this, the provider must:

- a) Review and update the complaints procedure in line with best practice, ensuring that it contains appropriate information for Edenholme Care Home and clear guidance on how people can raise concerns.
- b) Ensure that residents and their representatives are provided with a copy of the complaints procedure.
- c) Develop staff awareness on how to recognise, investigate, and respond to complaints.
- d) Ensure that complaints are fully investigated. Written responses should clearly detail the findings of the investigation, action taken, and lessons learned to improve outcomes for people.

To be completed by: 03 March 2025 This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. This is in order to comply with: Regulation 18(3) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This requirement was made on 29 January 2025.

This requirement was made on 29 January 2025.

Action taken on previous requirement

The manager had used a safety cross to monitor complaint activity. We found that this format worked well, with the manager having the responsibility for the 'sign off' when a complaint was fully addressed.

We discussed the need to evidence each complaint (for example, original email or summary of telephone conversation). The manager addressed this before the end of the inspection.

We spoke with a carer and senior care officer, who demonstrated their understanding of the organisation's complaints policy and their role in helping to address or escalate complaints made directly to them.

The service had ensured that residents and their representatives had a copy of the complaints procedure. Staff told us that this was also accessible in each household.

We found a high level of appreciation for the service, through thank you cards and other forms of communication.

Met - within timescales

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 manager should develop an action plan in consultation with the provider's maintenance and estates team, that describes the repairs and refurbishments that are required within the home to help ensure all areas can be cleaned effectively. This action plan should be updated regularly to confirm progress and completion of actions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 11 August 2022.

Action taken since then

Improvements had been made around the home to help ensure that all areas were able to be cleaned effectively.

During this visit, we saw that the home was well maintained with areas for improvement identified and resolved through established processes of observation and audit.

This area for improvement had been met.

Previous area for improvement 2

This area for improvement was made following a complaint investigation.

The service should ensure that the policy for contacting the emergency services is reviewed. In doing this, the service should ensure that staff are aware of their autonomy to call for an ambulance when medical help is urgently needed.

This is to ensure care and support is consistent with Health and Social Care Standard 3.17: I am confident that people respond promptly, including when I ask for help.

This requirement was made on 29 January 2025.

This area for improvement was made on 29 January 2025.

Action taken since then

A new assessment tool had been introduced to help staff to recognise when people's health may be deteriorating and when they should escalate to other agencies including the emergency services.

Staff we spoke to were clear about their responsibilities and whilst the assessment tool would take time to embed and for staff to become confident in its use, we could see that there had been improvements.

This area for improvement had been met.

Complaints

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

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
2.2 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?	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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