

## Davidson House Care Home Service

266 Colinton Road  
Edinburgh  
EH14 1DT

Telephone: 0131 4412117

**Type of inspection:**  
Unannounced

**Completed on:**  
7 April 2025

**Service provided by:**  
Salvation Army

**Service provider number:**  
SP2004005634

**Service no:**  
CS2003010901

## About the service

Davidson House is a care home which is owned and managed by the Salvation Army, with a Christian ethos underpinning the care and support provided. The service is registered to provide care for up to forty older people. At the time of inspection, there were twenty four people resident.

The home is located in south-west Edinburgh. The home has a car park, enclosed garden space and is accessible by public transport.

Accommodation is over two floors and has lift access. All bedrooms are single rooms, each with ensuite toilet facilities. Communal bathrooms are spread throughout the home.

## About the inspection

This was a full which took place on 01 and 02 April 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 and got feedback from 17 people experiencing care and relatives
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- The service worked collaboratively with other services to promote physical wellbeing for people.
- The service used feedback and incidents as learning for quality improvement.
- Staff were appropriately trained to meet the needs of people experiencing care.
- Personal plans, assessment tools and risk assessments were updated regularly.

## 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?	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.

### Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

Feedback from people and relatives was mostly positive, with people sharing that they were happy with the care they received. One relative shared "the team leaders are lovely and very supportive."

People had access to a variety of activities including Zumba, quizzes, barge trips and exercise and music sessions. There was no activities coordinator over weekends and we heard that due to staffing, care staff found it difficult to dedicate time to activities during this time. The service shared that they were in the process of recruiting an activities coordinator for weekends.

From discussion with professionals, Davidson House referred to other services when appropriate and followed healthcare advice when needs changed. Appropriate healthcare assessments including nutrition tools, skincare risk assessments and pain assessments were carried out regularly. This highlighted that the service worked collaboratively with other services to promote physical wellbeing for people.

Medication was stored safely and documentation was completed appropriately for administered medication. The medication treatment room was clean and well organised and storage temperatures were checked regularly. Prescribed creams had separate administration charts which were completed appropriately for the people sampled. Creams were stored appropriately separate from other medications. Records sampled showed that 'as required' medications were used appropriately and there was clear guidance for staff around the use of covert medication. Staff were up to date with medication training and regular audits were in place. This promoted safety for people.

People's dietary needs were documented within personal plans and food charts completed in plans sampled. Kitchen staff had access to information about individual dietary requirements such as fortified meals or allergies. The kitchen area was found to be clean and well organised during inspection. The dining area was well presented with menus, table decorations and seats were positioned in a way that allowed social interaction between people. This showed that the service was meeting the nutritional needs of people in the service.

We observed examples of warm interactions between staff and people in the service. We witnessed the relationships which have been developed between people and permanent members of staff. One person shared "I get on with everyone."

## 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.

### Quality Indicator 2.2 Quality assurance and improvement is led well

When reviewing documents, we found that the continuous improvement plan included realistic outcomes, within a realistic timeframe and detailed how to measure success. The service identified that staffing was an area that needed improvement most urgently. The improvement plan included consideration of flexible shift patterns, developing a comprehensive induction programme and developing career progression pathways to support staff retention. This highlighted the leadership team's awareness of areas needing improvement and their ability to prioritise goals according to importance.

From reviewing meeting minutes, we found that people living in the service, relatives and staff were all asked about ideas for improvement. From observations of the service, many of these suggestions were in place soon after meetings. From discussions with staff, several changes have been put in place over recent weeks and staff have been supported well throughout these changes. Staff shared that they have been informed in advanced about changes taking place and have been included in decisions relating to change within the service. This shows that the management team have promoted a positive attitude towards change whilst allowing staff to feel valued.

Meeting minutes highlighted that incidents and events were discussed with staff and learning was shared to reduce the risk of further incidents. We found that individual staff supervision meetings were used as an opportunity to learn from such events. This reduced risk for people in the service and showed that the service used incidents to promote service improvement.

From reviewing documentation, we found that a senior member of staff had recently completed incident investigation training. This alongside new incident reporting flowcharts and better use of incident reporting forms improved the service's ability to manage and learn from incidents.

Practice observations were carried out with staff, allowing team leaders to identify areas that could be improved and give constructive feedback to staff if required. This allowed team leaders to identify any staff learning needs and improve the quality of care delivered.

When asked about the management team, one member of staff shared: "(They have) implemented positive change" and "I've never worked with anyone as positive as (they are)."

## 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.

### Quality Indicator 3.3 Staffing arrangements are right and staff work well together

From reviewing rotas and dependency tools, staffing numbers were appropriate for the needs of people within the service. During the rota periods sampled, there was always a team leader on shift to provide senior cover. During observations, buzzers were answered promptly and people's needs were met within a reasonable timeframe. Although agency use was high for care staff due to vacancies, agency staff often did regular shifts at Davidson House. This promoted continuity for people and ensured people had timely access to care.

New staff were offered a comprehensive induction programme, including e-learning, face to face training and shadowing more experienced staff. Recruitment procedures were found to be solid, with appropriate pre- employment checks being done and completed prior to start commencing employment. This reduced risk for people within the service.

Staff were up to date with mandatory training and had additional appropriate training for their role including stress and distress, dementia awareness, reducing conflict and breakaways and NHS essentials in psychological care. This ensured that staff were appropriately trained to meet people's needs.

Staff we spoke to were happy with their shift patterns, with some saying they were given a choice about their pattern to support their personal lives. The chaplain within the service offered support to staff, who had the option of using her space as somewhere to seek rest, guidance or discuss anything troubling them at home or at work. This highlights that the wellbeing of staff within the service was considered.

From reviewing meeting minutes, staff were encouraged to take part in discussions about improving the service. Staff were offered regular 1:1 supervision and all staff we spoke to said they felt this was somewhere they felt able to share any concerns and share ideas for improvement. From reviewing documents, 1:1 sessions were used as a time to support, discuss training and share learning from recent incidents or complaints. This supported staff to feel valued.

One member of staff said "I feel like it's home as we are treated as one." Another person said "Everyone gets on well. There's no animosity, we all work well together."

## 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.

#### Quality Indicator 4.1 People experience high quality facilities

During inspection, we found high standards of cleanliness in most areas. We found the kitchen area to be very clean, with appropriate facilities to store food safely. Care staff were responsible for cleaning duties over the weekend due to there being no cleaning staff on a Saturday or Sunday. Staff shared that there was, at times a build up of cleaning duties on a Monday morning. The service shared that they are in the process of hiring cleaning staff to cover weekends. This would release time to care and improve the cleanliness of the home.

Equipment was in a good state of repair and appropriate testing and checks were up to date. Appropriate checks were carried out including legionella, electrical safety and gas safety. Items identified during a recent fire inspection were in the process of being actioned, for example new doors were being manufactured and the service shared that they were awaiting delivery. The leadership team shared that they were creating a maintenance log to track any tasks needing done. This will enable the service to keep a record of and prioritise maintenance needs within the home.

People could move freely between their own room and communal spaces and people were able to walk up and down the corridor with no closed doors. Although there were signs on bathroom doors and bedroom doors, the service could benefit from clearer signs for people with dementia to find their way around. Signs giving directions to communal areas could support people to independently find their way around the service.

Rooms were found to be personalised with pictures, ornaments and bedding was varied between rooms and not a generic colour / style. This provided a person-centred environment for people.

Despite the setting having large outdoor areas, these areas were in need of improvement to allow people to have a safe and stimulating outdoor space. The service shared that they already have works planned to renovate the garden areas with a date in place for works to begin.

We found several areas that had been recently improved following feedback from people, staff and relatives. This included the dining area being upgraded, staff break area and a small kitchen area for relatives to prepare tea and coffee when visiting the home. All of this highlights that the service identified areas needing improvement and have begun working towards these improvements.

One relative shared "everything always seems clean and tidy"

## 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.

### Quality Indicator 5.1 Assessment and personal planning reflects people's outcomes and wishes

Personal plans were individualised, easy to navigate and included relevant information about people's needs and preferences. Where people were unable to contribute independently, family members were involved in care planning. This meant staff could meet the needs of people living in the service in a individualised manner.

There was scope for the service including more information about preferences in relation to activities and social preferences. This would help the service to develop their activity schedule with people's preferences considered.

Personal plans sampled had been reviewed within the last six months, and relatives we spoke to said they were able to contribute to care reviews. This meant that information within plans was up to date and accurate.

Assessment tools were in place and updated regularly. This allowed staff to monitor changes in people's health and support needs. Risk assessments were completed to identify any factors which could impact safety, whilst promoting independence where possible.

During care planning, people's wishes for end of life were discussed and documented. This included wishes with regards to hospital admission, preferred place of death or who to contact in the event of deterioration. This meant that people's wishes could be respected.

Davidson House has recently implemented a process for including short term care plans during times of illness or following an incident. This allowed the service to be responsive and adapt to temporary changes in people's needs.

One family member said "I am updated about any changes and included in planning for my relative's care."

## 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 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 3 July 2024.**

#### Action taken since then

Topical medication administration charts were in place for those requiring application of creams. These were clearly displayed within people's rooms. Prescribed creams were also stored within people's own rooms, separately from other medications. Body maps were used as a tool to identify areas of concern. From TMAR charts sampled, creams were applied as prescribed. This promoted skin health for people experiencing care.

**This area for improvement has been met in full.**

#### Previous area for improvement 2

To support people's wellbeing the provider must ensure that staff are recording well and entering sufficient detail in people care records to reflect that their nutritional needs and preferences are being met.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices respected' (HSCS 1.23).

**This area for improvement was made on 3 July 2024.**

#### Action taken since then

From personal plans sampled, people had detailed nutritional assessments carried out which included food preferences, dietary requirements and whether supplements were required. Within care notes, detailed food charts were completed. Most scores sampled were up to date and people were being weighed regularly. Kitchen staff had access to clear information about dietary preferences and requirements. This contributed to the wellbeing of people and ensured nutritional needs were met.

**This area for improvement has been met in full.**



### Previous area for improvement 3

To enhance people's mealtime experience and promote people's food preferences the provider should develop menus for the tables and ensure that show plates are being used consistently to help people to know what choices are on offer.

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

**This area for improvement was made on 3 July 2024.**

#### Action taken since then

During inspection, we found that menus were displayed on each table which were clear, easy to read and gave options for that day. Alternative options were available according to dietary requirements and preferences. Dining tables were set with centrepieces and the dining room was recently renovated to enhance mealtime experience. People's food preferences were documented within personal plans. This promoted positive mealtime experiences for people and supported people to have meals depending on their preferences.

**This area for improvement has been met in full.**

### Previous area for improvement 4

In order that people are well informed about their rights to make a complaint to the Care Inspectorate at anytime and have their complaint dealt with in line with the organisation's complaint procedures, the provider should update the complaint policy and monitor the quality of complaint processes.

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

'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS4.20)

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 3 July 2024.**

#### Action taken since then

The complaints policy was updated in November 2024. This detailed how to make a complaint informally, formally or through channels such as local authority or care regulators. The policy specified routes of complaint dependent on location (northern Ireland, England, Scotland). Refers to Care Inspectorate and Edinburgh Council. Sampling of the complaints folder showed that complaints were managed promptly with people updated about progress of any complaints. The leadership team shared information from complaints and incidents during 1:1 sessions and in team meetings. This highlights that the service used complaints as an opportunity for learning.

**This area for improvement has been met in full.**

## Previous area for improvement 5

In order that people experience staffing arrangements that are right for them, the provider should accurately reflect the time required to meet their direct care needs in the staff dependency tool. The dependency tool should also take account of any additional duties that staff carry out to provide people with effective care and support.

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

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

**This area for improvement was made on 3 July 2024.**

### Action taken since then

During inspection, the dependency tool was reviewed. This considered all aspects of daily needs and how this impacted staffing requirements. The rota sampled reflected staffing levels indicated in the dependency tools. Rotas sampled showed that although agency use was high, the correct number of staff were on shift to meet people's needs. The agency staff used often worked regularly within Davidson House. During inspection, buzzers were answered promptly and throughout inspection people's needs were being met in a timely manner. Feedback from staff showed that they had enough time in their working day to meet the needs of people. This highlights that staffing levels were right and people had access to timely care.

**This area for improvement has been met in full.**

## Previous area for improvement 6

To protect people at risk, the provider should ensure that staff have the knowledge and skills to effectively follow the service's incident reporting and duty of candour policies. This should include, but is not limited to, ensuring that accurate records are kept about incidents and injuries and information is shared with staff to ensure people's health and wellbeing can be effectively monitored.

This is to ensure care and support is consistent with Health and Social Care Standards 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 8 January 2025.**

### Action taken since then

The service recently implemented a new incident reporting flowchart created which was displayed clearly for staff to refer to. This included details about what to report, how to report, who to report to and any relevant documentation and assessments that should be carried out. This was kept within the incident folder and was also displayed in the team leader's office. A team leader within the service had recently completed incident investigation training. This enhanced the service's ability to investigate complaints.

From reviewing team meeting minutes and 1:1 records, we found that previous incidents were discussed and used as opportunities to learn. This showed that the service used incidents and observations to identify learning needs.

**This area for improvement has been met in full.**

#### Previous area for improvement 7

To ensure people's health and wellbeing the provider should ensure that in the event of an injury or incident, or suspected incident, accurate records are completed. This should include, but is not limited to, ensuring that post incident assessments are recorded so effective monitoring can take place.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

**This area for improvement was made on 8 January 2025.**

#### Action taken since then

We found the service made better use of incident reporting forms which were already in place. Recent forms sampled were written in detail with information about incidents, reporting information and included key learning to reduce the risk of further incidents. An incident log included collated information about recent incidents on one document, allowing the service to gather information about trends in incidents.

A newly developed incident reporting flowchart detailed what action to take and what assessments should be completed following an incident to ensure effective monitoring could take place. All incidents should now be reported immediately to a senior member of staff who will support staff with incident reporting and post incident assessment. A team leader has recently completed 'incident investigation' training. The above showed that the service used appropriate documentation to keep records of incidents, reducing the risk of further incidents and therefore promoting wellbeing and safety for people.

**This area for improvement has been met in full.**

#### Previous area for improvement 8

To support people's health and wellbeing the provider should ensure that staff have an understanding of how to assess pain and use assessment tools when appropriate. This should include but is not limited to, ensuring that when there are concerns that people may be at risk of experiencing pain, assessment tools are effectively utilised, evaluated and appropriate action is taken.

This is to ensure care and support is consistent with Health and Social Care 7 of 8 Standard 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 8 January 2025.**

## Action taken since then

Within all personal plans sampled, a pain care plan was completed and updated regularly. This included information about current pain, any prescribed pain relief and whether the person can verbalise being in pain. The service has 'Pain Management in Dementia' training booked. The service aims to have all staff complete this by the end of April 2025. This training includes "how to understand, care for, support and look after an individual experiencing pain within dementia." The service has introduced the use of Abbey Pain Scale as an assessment tool to assess level of pain in a person who is unable to verbalise this. This ensured staff had the appropriate tools and training to assess pain in people living with dementia.

**This area for improvement has been met in full.**

## Previous area for improvement 9

The provider should ensure that in the event of an injury or incident, short term care plans are developed and shared with staff in a timely manner. This is to ensure that staff have access to the appropriate guidance on how to effectively meet people's care and support needs.

This is to ensure care and support is consistent with Health and Social Care Standard 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 8 January 2025.**

## Action taken since then

The service made use of the care planning system to create short term care plans for people who had a change in needs. A short term care plan sampled highlighted the change in situation, what this meant for the person and what the new care needs were.

This included care actions added, which prompted care staff to carry out additional tasks. A short term care plan flowchart was created to give staff clear guidance about when and how to create short term care plans for people. This allowed the service to be responsive and adapt to temporary changes in people's needs.

**This area for improvement has been met in full.**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	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

## 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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 iartras.

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.