

The Elms Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 July 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003010915

About the service

The Elms is a care home registered to provide care and support for up to 40 older people. The service is located in the Morningside area of Edinburgh. Accommodation is provided in single bedrooms with en-suite facilities. There are three lounges, a large dining room, an activities room, a hairdresser's room and a large enclosed garden.

The care home was registered with the Care Inspectorate on 1 April 2002 and is managed by the Church of Scotland trading as Crossreach.

At the time of the inspection 40 people were receiving care and support in the service.

About the inspection

This was an unannounced inspection which took place on 7, 9 and 10 June 2025.

The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included:

- Previous inspection findings.
- 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 experiencing care and seven of their family and friends.
- Received 22 completed care questionnaires.
- Spoke with eight staff and management.
- Received 17 completed staff questionnaires.
- Observed practice and daily life.
- Reviewed documents and electronic records.
- Spoke with four visiting professionals and received four completed questionnaires.

Key messages

- Care and support benefitted people's health and wellbeing.
- People had a range of opportunities to take part in activities.
- Families were generally very happy with the care and support their loved one received.
- The service was well led with strong quality assurances processes in place.
- Staff received good quality training and support from leaders.
- The premises had been upgraded and people experienced a clean, welcoming and well decorated environment.
- Recording of people's care and support had improved.

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 leadership?	5 - Very 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?

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 we spoke with told us that they received high quality care and support. One person said, "Everyone is so kind and helpful. They cheer you up, and make you feel better." A family member commented, "I could not ask for a better place for my relative to live."

We observed interactions that were kind and respectful. Staff took time to communicate with people in a way that was meaningful to them and provided reassurance when needed. Staff knew people's preferences and routines. One relative told us, "Staff are really caring and loving towards [my relative], they know her very well."

The service had a dedicated activity coordinator and there were a range of activities taking place, including games, gentle exercise, and crafts. There were daily devotional sessions and people could participate if they wished. Regular relaxing and sensory experiences were also provided. Visiting entertainers came regularly to the service. One person told us, "I enjoy the activities, like the music. It is nice when everyone gets together." People also benefitted from an attractive and secure garden and were supported by staff to go for walks locally. The service had access to a minibus and some people enjoyed going out on trips. Some people told us that they sometimes felt bored and would like to go out more. On the whole people experienced good wellbeing outcomes due to having social opportunities and connections.

Staff had received relevant training to protect people from harm. Processes to support people with their finances were robust. This helped keep people safe.

People told us that they enjoyed their meals and had access to plenty of fresh fruit and snacks. Sufficient staff were available at mealtimes to ensure people received the support they needed. Special dietary requirements were catered for. The mealtime experience was audited regularly by the leadership team with any improvements acted on. This meant that people benefitted from a calm environment and support to eat and drink well.

Medication administration was well organised with regular audits and appropriate training for staff. The use of prescribed creams was appropriately recorded, with body maps in place to direct staff how to apply these correctly. This meant that people benefitted from safe and effective care.

The service kept documentation evidencing how people spent their day, and how their health and wellbeing support needs were met. This supported the service to effectively respond to changes in people's health and care needs.

People's health benefitted from proactive engagement with other health services. People received support from a range of professionals including dieticians, GPs, care home support team and podiatrists. Professionals we spoke with commented favourably about their relationship with the service. One said that they had observed "that each person is treated as an individual and are afforded proportionate levels of choice, participation, respect, care and dignity which is quite frankly outstanding." Working in a multi-agency way helped people keep well and ensured their health needs were being met and regularly reviewed.

How good is our leadership?**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 we spoke with considered that managers in the service were accessible and responsive. One relative said there was a "strong sense of genuinely motivational team leadership." Any incidents and accidents were thoroughly investigated, with timely action on improvements when needed. There had been no complaints since the last inspection. This demonstrated that people had confidence that the service was well led.

The service demonstrated a positive attitude towards quality assurance. Tasks were delegated within the staff team, with staff supported to develop their skills. The wide range of quality assurance audits carried out by leaders led to improvements which benefitted people experiencing care and support.

Accidents and incidents were regularly audited as a means of making improvements to the service provided. This ensured people continued to experience safe care and support.

The provider had developed policies and procedures, relevant to Scottish legislation and best practice. The manager and leadership team promoted a respectful and person-centred approach which was evident within the staff team. This helped to protect people from harm and respected people's rights and choices.

An improvement plan was used to assist the service to plan, make and measure improvement. This included feedback from people experiencing support and their relatives through regular group meetings and satisfaction surveys. A regular newsletter and social media were also used to communicate widely. This ensured that there was a culture of continuous improvement for people experiencing support.

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.

Robust recruitment processes were in place and staff were registered appropriately with professional bodies. Staff received enhanced support during their induction period and completed mandatory training before providing support. These processes reduced potential risks for people experiencing care.

The service used standard tools to determine the number and mix of staff needed to provide safe and effective care. We found that there were sufficient staff on duty, and staff told us that on the whole they had enough time to support people well. There had been some staff turnover and some use of agency staff as a result. Recruitment to vacant posts was ongoing. On the whole families felt that staff had developed good relationships with their loved ones. One relative told us, "It doesn't matter who you speak to, they all know [my relative]." This meant that people benefitted from consistent and familiar support.

All residents had a dedicated member of staff assigned as their key worker to promote their individual interests and involvement. This consistency helped improve communication between the service and people's families.

Daily handover meetings took place, with roles and tasks delegated amongst the staff team. Communication tools were used to share information. Daily notes were kept up to date. We shared with the manager feedback we received about occasions when some staff did not have the most up to date information on

changes in people's health, which had made it more difficult for professionals to intervene. Further strengthening communication amongst team members would ensure that people benefit from a well-informed staff team.

Arrangements for regular one-to-one supervision of staff were in place. Staff spoke favourably about the supervision process and told us they were free to seek support with any issues they faced. Team meetings gave staff further opportunities for discussion and reflection. This evidenced that staff were well supported and valued by leaders in the service.

Observations of staff practice were taking place regularly as part of the service's quality assurance processes. Managers and seniors had good oversight of day-to-day staff practice. Staff were supported to address any development or training issues identified. This meant that people benefitted from a culture with high expectations around staff competence.

The service kept records which evidenced the range of training completed by staff. This included training that was specific to understanding the needs of people being supported and cared for. Staff spoke favourably about training opportunities and several staff were undertaking additional courses and building their skills. One professional told us, "Staff are very knowledgeable, well trained, trustworthy and willing to listen, learn and adapt to the care and nurture needs of each individual." This meant that people benefitted from support from staff who were knowledgeable and well trained.

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.

There had been recent upgrading and decoration of the building. People could make use of a selection of indoor communal areas and support was given to people to access these if required. Some people preferred to be in quieter parts of the building, or in their rooms. Relatives praised the ongoing upgrading of the environment which one person told us was "all well-kept and really clean." This meant that people benefitted from living in a pleasant home which was welcoming and well decorated.

The garden had been improved to be safer and more accessible, and we saw people being supported to use this. We spoke with the manager about exploring how this space could be available for people to access more freely. This would increase people's independence and control over their environment.

People's rooms were comfortable with their choice of personal decoration. People had the equipment suitable for their mobility requirements and independence. Some people had chosen to be able to lock their door. This demonstrated that people's choices were respected, and this supported them to feel as comfortable as possible in their home.

Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance. There were arrangements for the maintenance and cleanliness of the building and the equipment to ensure people were safe. This ensured an environment that had been adapted, equipped, and furnished to meet people's needs and wishes.

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.

Everyone had a personal support plan recorded on an electronic system that was accessible to staff. The format of people's personal plans was comprehensive and gave a sense of the person and what was important to them. There was good information on people's health, preferences and routines. Where risk was identified, assessments were completed which were detailed and well written. This meant that staff had the information needed to provide high quality care and support. We spoke with the manager about reviewing how people and families were supported to have access to their personal plans in a way that was meaningful to them. We will consider this at the next inspection.

People's plans were regularly audited to ensure the quality and accuracy of information recorded. We spoke with the manager about a few occasions where the enhanced support being provided was not reflected in the personal plan. Strengthening recording and management oversight of this would ensure that the personal support plan remains an accurate record of people's support needs.

Six-monthly reviews of people's care and support were taking place with families and involved professionals. People were involved in this as much as possible. Reviews would be strengthened by ensuring people's goals were recorded, along with any action taken. This would help ensure that care and support continues to be responsive to people's changing needs.

Good personal planning led to good care processes which met people's needs. Relatives felt assured their loved ones were being cared for to a high standard. One family member commented, "It is a huge relief. He's well looked after."

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure positive outcomes for people, the manager should ensure staff complete detailed records to evidence the support offered, accepted, or declined, and the support strategies implemented by staff. When people's support needs are not being adequately met, their records should be used to inform the ongoing evaluation of their care plan and strategies to be used by staff, involving other professionals in this process as required.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 18 May 2023.

Action taken since then

People's personal plans contained a good level of detail about all aspects of their care and support. The necessary risk assessments were in place to inform staff. Personal plans were audited by managers to assist ongoing improvement in quality.

Daily recording of people's health and support needs had improved in consistency. Leaders had good oversight of any occasions where support was not documented as expected and were actively working with the staff team to maintain high standards. This helped support people's health and wellbeing.

Records evidenced the involvement of health and social care professionals in monitoring and responding to any changes in people's health and wellbeing. This showed that the service was proactive in supporting people to stay as well as possible.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	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?	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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