

Elaina Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
12 September 2025

Service provided by:
Elaina Care Home Ltd

Service provider number:
SP2005007160

Service no:
CS2005086493

About the service

Elaina Nursing Home is a small privately owned care home. The providers are Elaina Home Care Limited. The home is situated close to the town centre in a residential area of Wishaw, a town in North Lanarkshire. The home is close to public transport routes and Wishaw General Hospital.

The service is registered to provide nursing care to 22 older people and younger people with a physical or sensory impairment. The home currently offers accommodation over one level, there is a communal lounge and conservatory with a separate dining room. There are outdoor spaces to the rear of the building that residents can access through the year.

At the time of our inspection, there were 16 residents living in the service.

About the inspection

This was an unannounced inspection which took place over three days between 9 and 12 September 2025. Visits to the home took place on 9 September (10:00 - 15:30) and 10 September (07:15 - 15:00). 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, information submitted by the service, and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service and three relatives;
- spoke with a number staff and the management team;
- reviewed four questionnaires received from people supported or their representatives;
- reviewed documents;
- observed practice and daily life for residents and staff;
- spoke to and emailed external health and social care professionals.

Key messages

- People were happy with the care and support they received in the service.
- Relatives were happy with the quality of care and management in the service.
- External professionals were happy with the staff, management and quality of care and support.
- Staff felt well supported by an approachable and supportive management team.
- Activities available to people should take place more regularly.
- Management oversight could be improved.
- Care plans and associated documentation could be more detailed and person-centred.

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

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

How well do we support people's wellbeing?

4 - Good

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

People living in the service consistently experienced high-quality, person-centred care that promoted dignity, respect, and overall wellbeing. During the inspection, staff were observed engaging warmly and responsively with residents, demonstrating a clear understanding of individual needs. These interactions contributed to a relaxed and supportive atmosphere, with residents appearing well-presented, comfortable, and positively engaged.

Family involvement was actively encouraged, and regular visits helped maintain emotional connections. Feedback from relatives and friends was overwhelmingly positive, with comments highlighting strong communication, compassionate care, and confidence in the staff team. Remarks such as "Communications are very good," "Competent staff team," and "Staff are first class" reflected high levels of satisfaction with the care provided.

Residents themselves expressed contentment through both verbal and non-verbal responses. Questionnaire feedback confirmed that people felt safe, valued, and well cared for, reinforcing the positive outcomes observed during the inspection.

The service maintained effective partnerships with external professionals, ensuring timely and coordinated support for residents' health and wellbeing. Professionals spoke highly of the service, describing interactions as consistently positive and staff as friendly and professional. Care records evidenced regular engagement with GPs, dentists, opticians, and specialist teams, providing assurance that residents' needs were being met holistically.

Medication management had improved since the previous inspection, particularly in the recording and evaluation of 'as required' (PRN) medications. These improvements supported safer and more effective use of medication, contributing to residents' comfort and wellbeing. Protocols for PRN medication were in place for nearly all residents, with only one exception noted. While further refinement was needed, the overall progress demonstrated a commitment to continuous improvement.

The inspection identified limited activity provision within the service. Although some residents spoke positively about outings and shopping trips, there was little evidence of regular, stimulating activities during the inspection visits. This concern was echoed by some external professionals. To support physical and mental wellbeing, the service should ensure that residents have consistent opportunities to engage in meaningful activities (**see area for improvement 1**).

Areas for improvement

1. To support people's overall wellbeing, a broader and more regular range of activities should be provided that promote both physical and mental health. These activities should be tailored to individuals' needs, preferences, and wishes, ensuring meaningful engagement and enhancing quality of life.

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

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where strengths impacted positively on outcomes but only just outweighed areas for improvement.

The inspection found that some improvements had been made in the organisation of service documentation. However, folders containing key operational records, such as training and maintenance, were not consistently well-organised or indexed. In several instances, relevant and current information was difficult to locate, and staff occasionally referred to electronic records that had not been properly filed. This lack of structure made it challenging to confirm key operational details, such as training completion rates and maintenance certification.

The absence of a clear and accessible documentation system limited the ability to demonstrate strong managerial oversight. This was particularly evident when a Protection of Vulnerable Groups (PVG) check had not been fully completed during staff recruitment. Although the service responded appropriately once the issue was identified, more robust oversight and clearer documentation systems could have prevented the error (**see area for improvement 1**).

Despite these concerns, there were areas of good practice that contributed positively to outcomes for people experiencing care. Staff consistently described the management team as approachable, supportive, and responsive. Senior staff were visibly present and worked alongside care staff, ensuring that residents' needs were met in a timely and compassionate manner.

Auditing systems were in place and contributed to maintaining an adequate standard of care, although further refinement would enhance their effectiveness. Staff were also receiving regular one-to-one supervision, which supported their professional development and helped ensure competence in delivering care.

Overall, while improvements were needed in documentation and oversight systems, the service demonstrated a commitment to staff support and resident wellbeing through hands-on leadership, structured supervision, and a caring approach to daily practice.

Areas for improvement

1. To protect people's wellbeing and ensure that all key service functions are completed reliably, management oversight should be strengthened. This includes implementing robust systems to ensure all processes—particularly staff recruitment checks such as Protection of Vulnerable Groups (PVG) verification—are fully completed, up to date, and clearly documented.

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

'I use a service and organisation that are well led and managed.' (HCSC 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

Staff working in the service presented as confident, knowledgeable, and content in their roles. Several staff members had been employed for many years, which contributed to continuity of care and the development of strong, trusting relationships with residents. Staff demonstrated a clear understanding of individuals' needs and how best to support them, resulting in people experiencing a good standard of care.

The staff team appeared cohesive and worked closely together, fostering a collaborative and supportive environment. Staff consistently described a culture of teamwork, where colleagues supported one another to ensure that residents' needs were met effectively and compassionately. This was reflected in feedback from residents, families, and external professionals, who spoke positively about the quality of care provided.

Staff took part in regular supervision and appraisal meetings, which they described as useful and supportive. These meetings provided opportunities to discuss training, development, practice, and any personal matters that might impact work. While documentation of these meetings could have been more detailed, the process itself contributed to staff wellbeing and professional growth.

Training records showed some improvement and confirmed that staff had mostly completed a range of mandatory training packages, delivered both online and face-to-face. Although the records could have been better summarised, they demonstrated to a good degree that key training areas were covered and that refresher training was monitored and offered regularly by management. This supported staff competence and confidence in delivering safe and effective care.

Staffing levels and skill mix were sufficient to meet the needs of residents. Staff confirmed this during interviews, noting that they worked together to maintain care standards, even during periods of absence. The staff team were committed to providing a good level of care to the residents.

How good is our setting?

4 - Good

We evaluated this key question as good because strengths under this key question outweighed areas for improvement.

During the inspection, the service presented to a good standard. The environment was generally clean, tidy, and free from clutter, contributing to a safe and welcoming atmosphere. Communal areas, including the lounge, dining room, and conservatory, were adjoined and well-maintained, offering a pleasant space for social interaction. People were observed sitting together in these areas, with staff providing continuous monitoring and support.

The service operated on a single ground-floor level, which was clearly signed to aid navigation. Where orientation could be a challenge, staff were proactive in assisting individuals in line with their preferences and needs, ensuring safe movement throughout the premises.

Bedrooms visited were well-appointed, warm, and personalised with pictures and ornaments, reflecting the individuality of each resident. The overall environment was small but pleasant, promoting comfort and familiarity for those living there.

The service was undergoing an ongoing refurbishment programme. Staff confirmed plans to refurbish an additional room and replace the carpet in the day room. While some feedback from residents and their representatives suggested a desire for more decorative improvements, this did not detract from the overall quality of care or safety.

Maintenance records were up to date and evidenced regular checks of water systems, electrical appliances, and hoisting equipment. These measures ensured that equipment remained safe and functional for resident use.

In conclusion, the service provided a safe, clean, and supportive environment. The communal and private spaces were maintained to a good standard, and staff demonstrated attentiveness to both environmental and individual needs. The ongoing refurbishment efforts indicated a commitment to continuous improvement, and the service remained a comfortable and secure place for residents.

How well is our care and support planned?

4 - Good

We evaluated this key question as good because strengths in this area clearly outweighed areas for improvement.

It was evident that each person living in the home had a personal care and support plan in place. These plans were regularly updated and made accessible to all relevant staff, visiting professionals, residents, and their families, ensuring transparency and continuity of care.

The sampled entries within the care and support documentation were task-focused and, in some cases, repetitive across different plans. However, it was noted that the plans could have benefited from greater individualisation. Staff demonstrated a strong understanding of the residents' needs and preferences, though this knowledge was not always fully reflected in the written documentation. Enhancing the person-centred detail within care plans would support external professionals and new staff in quickly identifying key information necessary to maintain each individual's health and wellbeing.

Review documentation showed that conversations regarding residents' care needs had taken place, with appropriate representatives in attendance as recorded. While the records confirmed that reviews occurred, they lacked depth in capturing the care provided during the preceding period, the current status, and future planning. It is likely that more detailed discussions were held, but these were not consistently documented to reflect the quality and scope of care delivered (**see area for improvement 1**).

Despite these areas for improvement in documentation, the outcomes for people living in the service remained positive. Staff were attentive and responsive, and the care provided was clearly effective in meeting residents' needs. The service demonstrated good practice in maintaining up-to-date care plans and involving relevant parties in reviews, contributing to a safe and supportive care provision.

Areas for improvement

1. To ensure records accurately reflect people's individual needs, care plan and review documentation should be written in a more detailed and person-centred manner. This will support staff and professionals in identifying key information quickly and delivering care that is tailored to each person's preferences, history, and wellbeing outcomes.

This is to ensure care and support is consistent with 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).

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 people's wellbeing detailed protocols should be put in place for all 'as required' medication. Entries on medications administration records should also be made for each dose with reason and effectiveness recorded in all instances of 'as required' medication administration.

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 receive is safe and effective' (HSCS 1.24).

This area for improvement was made on 19 December 2024.

Action taken since then

The service had clear protocols in place for the administration of 'as required' (PRN) medication, providing staff with guidance on when these medicines should be considered. In most cases, staff recorded the effects of PRN medication, which is essential for ongoing medication reviews and safe practice. However, there were some areas where further improvement was needed: one protocol was found to be missing, and there were a few gaps in the documentation of medication effectiveness. Continued attention is required to ensure all protocols were in place and that the recording of effectiveness was consistently completed.

Overall, this area for improvement had been met.

Previous area for improvement 2

To ensure necessary information is available quickly and effectively the service should organise files to ensure people have access to the most relevant, current information and non-current information archived. The service should also improve oversight by formulating matrices and logs so elements like, but not limited to, maintenance certificates, training completions/refreshers, staff supervisions, reviews and audits are logged and summarised.

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

'I use a service and organisation that are well led and managed' (HCSC 4.23).

This area for improvement was made on 19 December 2024.

Action taken since then

Although some oversight of areas such as training and environmental certification had improved, it was noted that some critical aspects of oversight were still missed, and a further area for improvement was

identified in this report to address this. Continued focus on strengthening oversight would have helped maintain high standards and ensured all critical information was consistently reviewed and updated.

This area for improvement had been met.

Previous area for improvement 3

To keep people safe and meet people's needs, the service should ensure that all necessary recruitment evidence and associated documentation are copied and held appropriately to comply with relevant recruitment guidance and legislation.

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 19 December 2024.

Action taken since then

The majority of recruitment information that needed to be maintained was found to have been in place. However, a Protection of Vulnerable Groups error had occurred that could have been avoided with better service oversight. Although this area for improvement had been met, there was a clear need for further improvement in management oversight. This was reflected in the additional area for improvement made under the leadership key question in this report.

This area for improvement had been met.

Previous area for improvement 4

To avoid confusion and ensure that staff have access to the correct and most current information care plans should be organised, indexed and only relevant information made available. Older, non-current documentation should be archived as necessary.

This is to ensure care and support is consistent with 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 19 December 2024.

Action taken since then

Care plan sampling showed that outdated or non-current information had been effectively removed, ensuring staff had access only to the most up-to-date details for each individual. Care plans were mostly in order, although some further work was needed to ensure care plans and review documentation were more detailed and person-centred to better reflect people's needs, wishes and outcomes.

This area for improvement had 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.4 Staff are led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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