

Jewel House Care Home Service

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Type of inspection:
Unannounced

Completed on:
6 July 2023

Service provided by:
City of Edinburgh Council

Service provider number:
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Service no:
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About the service

Jewel House is owned and managed by the City of Edinburgh Council, it can provide care for up to 32 older people. The single storey building sits in a residential area in the North East of Edinburgh, close to bus links and local shops. Parking and garden areas are at the front of the building with enclosed gardens to the rear.

As you enter the home there is a spacious atrium and seating area. The home splits into four flats and can accommodate up to eight people, each bedroom has an ensuite. Additional shower, bathroom and toilets are available for use throughout the home. Dining areas were located at either end of the home with comfortable living areas as well.

About the inspection

This was an unannounced inspection which took place on 27th and 28th June. 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 and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with eight people using the service and four of their family/friends.
- spoke with fifteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with five involved professionals

Key messages

- People were supported by a staff team that knew them well.
- New personal plans for people were being introduced, to support their health and wellbeing.
- People had access to outside spaces they enjoyed.
- The activity coordinator was looking to build community links.

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

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 the performance of the service under this key question as good. There were several strengths in aspects of the care provided and how these supported positive outcomes for people which outweighed areas for improvement.

We observed staff who were having dignified warm interactions and everyday conversations with people they appeared to know well, they were comfortable in each others company.

Where people chose, they were given their own space. A family room was available for private visits. People's choices were recognised. Where people were being supported with personal care, people told us they had their preferences met. We observed people choosing to shower later in the day. People told us 'the staff are good'. People went out to the local shops. This showed good knowledge of what people liked and how best to support them.

The people benefitted from support from professionals who visited the home regularly to support their health and wellbeing. Professionals told us referrals were appropriate and staff followed the advice they provided. They told us communication was good. As a result this helped keep people well ensuring their health needs were being met.

New personal plans were in the process of being introduced with support from the quality assurance team and team leader. The plans we sampled were person centred, contained information relating to dependency, risk assessments with evidence of regular reviews. Health information was also recorded which included information about people's care if they were to become unwell. A relative told us, staff were good at getting in touch with them. Staff communicated at each shift change about peoples health and wellbeing, this meant that any changes in people's health were identified and acted upon.

Medication systems were in place to support people. We observed some topical medications had no date of opening, we spoke to the manager about this during the inspection and will monitor this at the next inspection. Where medications were stored was clean and tidy, regular audits and checks were in place to support safe practice. Staff received regular training. These measures helped reduce errors in medication practice, keeping people well.

Dining areas were bright and welcoming. Small pantry areas supported those people that were able to make their own drinks. People had access to drinks in their rooms. Menus were displayed on whiteboards, updated daily, not everyone chose to come to the dining room and therefore may not see the menu. We spoke with the manager to consider other ways of sharing the menus with people.

People came together for their meals, and if required, had access to adapted cutlery and plates to support their independence. People told us they 'liked the food' especially the fish, another saying 'food was splendid'. The staff and kitchen team were aware of people's food preferences or any special diets. They worked closely with the dietician who supported the home. This meant staff were aware of people's preferences and supported these to meet their dietary needs.

An activity coordinator had joined the team. Weekly activity plans were displayed at the main entrance. We observed people taking part in group activities. Staff supported people who stayed in their room. This could be further enhanced by having paper copies of activities that were planned.

People had access to the rear enclosed and front garden areas which they enjoyed spending time in. The coordinator was looking at building links with the local community. People told us they would like more outings, the manager had set up trips for the summer to support this. The new personal plans were in the process of being updated with peoples preferences and wishes. We will monitor this at our next inspection.

The building was clean. The ancillary team worked throughout the home carrying out cleaning duties which were recorded and regularly audited. Staff had access to infection prevention control training, with regular observations of practice. Personal protective equipment (PPE) was located and stored safely throughout the home for staff to access. These measures helped keep people well and free from infection.

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 service undertook a wide range of quality assurance audits in the home. The whole team were involved having different areas of responsibility. This supported a whole home approach to taking improvements forward.

The personal plans were being quality assured. The team were being supported by the project team and team leader. Any areas where information needed to be updated were identified with follow up actions recorded. As a result of these measures people received good quality care.

The home was supported by a range of policies and procedures which were regularly updated. Incidents were recorded with actions and outcomes. The home had not received any complaints and a policy was in place. Financial oversight of people's funds were supported by business support, and people had access to their monies. The maintenance, business support and ancillary teams worked together to manage the checks in the home to ensure any equipment and cleanliness of the home was maintained. As a result of these measures, people lived in a safe environment.

Staff supervisions were including observations of practice. Staff undertook regular medication competencies and were involved in regular team meetings as well as daily handovers. The senior team also met regularly. Staff training was supported face to face via digital platforms and was up to date. The manager and deputy had oversight of this in the form of a matrix. This showed a positive culture for learning and development of the staff team.

The home produced newsletters and held regular meetings for residents and their families. Residents provided feedback in the form of a survey and an action plan was in place. Feedback from families was found in cards, which the service displayed.

The home had not yet written it's service development plan, acknowledged by the manager who agreed to bring together the range of audits and quality assurance work taking place in the home and add them to a plan. This would then allow them to see the positive work that occurred in the home.

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 that people are receiving regular interactions and engagement from staff, including encouragement and resources to undertake activities either alone or with staff, and including people who are supported in their bedrooms, the provider should develop opportunities for people they support by: - making proper provision for social events, entertainment and activities which meet the assessed need and choice of people who use the service and are in line with good practice; - the provision of activities which should be clearly recorded within the personal plan or activity planner, which could include how the person enjoyed the activity and what involvement they contributed to the activity; and - personal plans which should include likes and dislikes and should reflect what activities they would like to continue to participate in.

This is in order to comply with the Health and Social Care Standards which state: 'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22); and '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).

This area for improvement was made on 28 September 2020.

Action taken since then

An activity coordinator was now in post. Social events were observed and planned for people. New personal plans were being updated to include people's preferences.

Previous area for improvement 2

To ensure people are helped to live well right to the end of their life is important. The service should develop their anticipatory care planning further to include information which ensures staff know what they should do if a person's health deteriorates.

This is in order to comply with the Health and Social Care Standards which state: 'I am supported to discuss significant changes in my life, including death or dying and this is handled sensitively.' (HSCS 1.7); 'My future care and support needs are anticipated as part of my assessment.' (HSCS1.14); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18).

This area for improvement was made on 28 September 2020.

Action taken since then

Information was held in people's personal plans in relation to their health.

Previous area for improvement 3

To ensure people live in a general environment that is clear from non-essential items and personal belongings, the service should: - ensure the family room is free from residents' belongings and testing equipment to enable a functioning family room where more private visits can be supported; - move and organise equipment from the day centre/activity area to provide an area where possible staff testing could take place (currently taking place in the family room); and - organise equipment, cleaning products and general non-essential items from the day centre/activity area in a manner where items can be stored safely.

This is in order to comply with the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings, and equipment.' (HSCS 5.22); and 'My environment is secure and safe.' (HSCS 5.17).

This area for improvement was made on 28 September 2020.

Action taken since then

The family room was available for private visits. Items were stored appropriately, Covid measures had ceased.

Previous area for improvement 4

To reassure people that the staff team are trained and knowledgeable of COVID-19 and have received training appropriate to their role, the service should ensure: - there is a clear record of when staff have been trained (or received updates where training has already taken place) on infection prevention and control during COVID-19. This includes the donning, doffing and safe disposal of PPE; - identify when Infection Prevention and Control training and practice is completed and evaluate this to ensure it is sufficient to the needs of the service; - complete Internal audit/observations of staff practice are undertaken with improvement actions taken when necessary (for example, through team discussions, reflective accounts or supervision and improvement action plans); and - be reassured that staff have read the most current and up-to-date guidance regarding COVID-19 and have a sign sheet to record that this is completed.

This is in order to comply with the Health and Social Care Standards which state: '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); 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 28 September 2020.

Action taken since then

Staff received regular training, observation of practice and supervision from their managers.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	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

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