

# Jewel House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
28 September 2020

**Service provided by:**  
City of Edinburgh Council

**Service provider number:**  
SP2003002576

**Service no:**  
CS2003010937

## About the service

Jewel House is owned and managed by the City of Edinburgh Council and is registered with the Care Inspectorate to provide care for up to 32 older people.

The home was purpose-built 25 years ago and is a single-storey property in a residential area of North East Edinburgh. There are gardens around the home and parking to the front. It is close to local amenities such as shops, a post office and a health centre.

Residents' accommodation comprises of four flats, each with eight rooms all with en suite facilities. There are bathrooms and additional toilets throughout the home. All the en suites and bathrooms have recently undergone refurbishment. Two flats have their own sitting/dining area whilst the other two flats share separate dining and sitting rooms. There is a spacious comfortable seating area as you enter the home.

Information in the home's brochure states:

"Our staff are fully trained to be able to understand the needs of older people, particularly those living with dementia. We tailor our care around an individual's needs, and we all work together to make it a real home for people."

This was a focussed inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and an advisor from NHS Lothian.

## What people told us

We spoke with 12 of the 20 people living in the home at the time of the inspection. People enjoyed chatting to us and some told us how they had kept in touch with family.

People remarked on how good the meals were, with some pointing out that the biscuits on offer that day were all baked at the home and they were lovely.

Residents who had participated in bingo, told us how much they enjoyed it and what they had won. They all praised the staff member who held the event.

One lady told us how she had been recently involved in a review of the meals within the home and felt this had been beneficial for all the residents.

Other comments we gathered included:

"It's nice living here, staff are nice."

"If there's anything I need to know they tell me."

"Staff are excellent - ground staff."

"The staff are really nice."

Some people were unable to tell us about their experience in Jewel House. We spent some time in the communal areas observing how people interacted with other people and staff. We saw positive interactions which demonstrated that people were treated with dignity, respect, and genuine affection.

**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 good is our care and support during the COVID-19 pandemic?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our care and support during the COVID-19 pandemic?

4 - Good

### 7.1 - People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Staff at Jewel House demonstrated the principles of the Health and Social Care Standards; people told us they felt well cared for and staff were polite and caring. There were positive relationships between staff and people they supported. Feedback from families was positive and identified that staff were supportive of their relative.

People living in the home were supported by staff who were familiar with their choices, routines, and preferences. The home had put in place appropriate measures to maintain social distancing, as well as support for people to move around the home safely.

Personal care plans were up to date and contained good information to identify people's needs and wishes. Daily reports for some people were short of detail and could be expanded upon to evidence how people were that day and follow up should they become unwell. This was especially significant regarding outcomes for people when participating in social activities. We discussed this with the manager to see how this could be improved.

(See area for improvement 1.)

There were examples in the support plans of discussions around anticipatory care and people's wishes should they become unwell. However, this was not consistent and, at times, difficult to find.

(See area for improvement 2.)

We saw people benefited from good links with external healthcare professionals. The service told us this support was very beneficial for the people who stay at Jewel House and the staff that support them.

### 7.2 - Infection control practices support a safe environment for both people experiencing care and staff.

Jewel House is airy, bright and welcoming. There were several areas where people could sit and look out the window or engage in conversation. Those communal areas had been adapted for the purposes of social distancing. Appropriate signage was visible throughout the home and provided important prompts for staff and essential visitors.

The home was clean and well maintained. However, there were areas that could be tidier. We identified those areas where this could be improved. Corridors were largely free of clutter, though some of the rooms that were not being used were full of personal items, mobility aids and lifting equipment, as well as boxes of PPE supplies and cleaning solutions. This was discussed at the time of inspection and again with the manager, and the service was already making some changes to ensure these items were more appropriately stored.

(See area for improvement 3.)

Enhanced cleaning schedules were in place and this included the cleaning of touch points throughout the home.

Staff we observed and spoke with were using the appropriate PPE in line with guidance. We observed good

management of PPE including its storage, access and disposal. This ensures people are always kept safe.

Indoor visiting had started during our visit. It was reassuring to see family visiting which was in line with government guidelines. This was held in an open area. We discussed this with the manager and it was considered that, while it was reassuring to see family supported to visit, there were perhaps more suitable areas that could be utilised for this purpose. This would allow families and residents more privacy. This was suggested during the visit and discussed with the manager where an area was identified that would help keep footfall within the home to a minimum and maintain a safe visiting experience.

### 7.3 - Staffing arrangements are responsive to the changing needs of people experiencing care.

The home was not at full occupancy at the time of our visit. There were ample staff to respond to the needs of individuals. Staff engaged with residents who responded positively, appearing relaxed and contented. However, the service has to be mindful that the care home was clearly under-occupied and although the staffing ratio appeared appropriate at the time of our visit, this would require to be changed as and when the care home returned to a higher capacity.

Social activities were ongoing and staff were responsible for ensuring that people were kept entertained and engaged. This, at times, can impact on staffing availability and we discussed how this could compromise staffing, especially when capacity is higher. This is an area that is being developed by the City of Edinburgh Council and we were reassured to hear that there were plans to look at this imminently.

Staff were knowledgeable and informed about COVID-19 and current guidelines. We observed staff following those guidelines to a good standard during the inspection. Despite this, we were unable to evidence this in the paperwork and we identified how this could be improved with the manager. (See area for improvement 4.)

### Areas 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).

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).

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).

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).



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good



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