

# Highbank Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Midlothian Council

**Service provider number:**  
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**Service no:**  
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## About the service

Highbank care home is registered to provide care to a maximum of 40 people over the age of 60, of which 6 will be respite/short breaks places. The Provider of the service is Midlothian Council. A new home is scheduled to be built within the next two years to offer a more specialised service in a more suitable environment.

The care home is situated in Eskbank, Dalkeith, and is close to shops and local amenities. The home comprises of two floors that offer accommodation. The home is made up of six wings, each with a lounge/dining and kitchenette area. Some bedrooms have en-suite facilities. There are shared toilets and bath/shower rooms in each unit. The laundry and kitchen area are on the ground floor. There are patio and garden areas around the home that people can access easily.

The care home provides intermediate care which includes rehabilitation and assessment. Placements are usually short term before people move on and professionals are involved from the Health and Social Care Partnership to provide support, such as, physiotherapists, and district nurses.

There are three main aims of Highbank Intermediate Care:

- Help people avoid going into hospital unnecessarily.
- Help people to be as independent as possible after a stay in hospital.
- Prevent people from having to move into a care home until they really need to.

Midlothian Health & Social Care Partnership is committed to delivering person-centred community-based services that will help people to live healthy, independent lives in the way they want, where they want, and when they want.

For this inspection, we evaluated improvements from a recent complaint and focused on people's wellbeing and infection prevention and control practice within the home.

This inspection was carried out by five inspectors from the Care Inspectorate and was supported by an inspection volunteer who spoke to relatives.

## What people told us

There were 18 people living in the care home of which 6 were isolating having just moved in from hospital. People spoke very highly of the staff and said "they couldn't do enough for you" and "the care was second to none". People we spoke to were overall very happy with the care and support they received.

Comments included "I can see that they are exceptionally good at Highbank. I could do with someone extra to do my exercises every day but they haven't got the time. I have had fantastic attention".

One person told us that the only fault was that they had "too much food". "Couldn't fault the place give it 100%".

We spoke with four relatives who gave positive feedback. They were happy with the care people received and thought staff and communication was good. Comments included,

'I have absolutely no problems with her care. It's perfect'.

'All of the staff are very very good, a really happy team, mum is very happy with them. They sit with mum, and I actually think they like her company'.

'We have always been able to visit. We go twice a week and we have never been asked to leave although we don't usually stay longer than 1 hour'.

'They called me at night and told me her GP was attending and called later and told me when she was admitted to hospital'.

**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 care and support during the COVID-19 pandemic?	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**

Overall we evaluated that staff were good at supporting people's wellbeing. There were important strengths with some areas for improvement.

People had positive relationships with staff. There were warm and friendly conversations that made people smile and laugh. Staff treated people with respect and dignity, for example, staff knocked and waited before entering someone's room. Staff were seen as kind, caring and compassionate. People were complimentary about staff and said they were 'well looked after' and that staff 'couldn't do enough for them'. This positive approach promoted people's well-being.

People made day to day choices about how they wanted to spend their time. A lot of people spent time in their room. Some people enjoyed time in the lounge doing a jigsaw or a word search. People told us that staff spent time with them whenever they could, even just for a 'blether' and to pass the time of day.

The activity co-ordinator had a range of activities for people to take part in. For example, some people had enjoyed a day out shopping with staff. Another person wanted to link in with their local church. This person centred approach ensured people participated in activities they found meaningful.

At the time of the inspection the only group activities were outside. Some people felt isolated from their friends as people were not mixing with others from different units. The large foyer was ideal for group activities which had taken place before the Pandemic. A shop was on site which had been closed due to the restrictions. People should be with others inside to support people's wellbeing.

The garden was well used and people enjoyed being outside in the sunshine. One person enjoyed watering the garden every day. People enjoyed strawberries and cream and drinking Pimm's to celebrate Wimbledon. Staff were attentive to ensure people were offered sun cream to protect their skin. Cold drinks were offered regularly to help keep people hydrated.

Activities were available for people who were isolating. This was done safely and on an individual basis to protect people from the Covid-19 virus, for example, the area was effectively cleaned before and after use.

The length of time people spend in isolation could have a negative impact on their well-being. Some staff commented on this and we asked the manager to look at how more interaction could be achieved to promote people's well-being.

Visiting took place inside and outside the home. Staff followed good practice guidance and ensured visitors were offered a test. We discussed with the manager about opening up visiting in line with the Open With Care guidance to ensure people could make the most of visits from their loved ones (see area for improvement one).

People had good input from other professionals to support their rehabilitation. Staff carried out instructions from professionals following assessments such as Occupational Therapy. Communication between the staff was good and people's health needs were met by staff.

People's care plans reflected that care and support needs were updated and reviewed regularly. Staff had up to date information about people's needs which promoted good outcomes for people.

People could self-medicate and assessments were in place to support this. Improvements to some aspects of the medication system were needed. For example, the date should be added to dosette boxes when medication is commenced.

At our last inspection we made an area for improvement to promote best practice in falls risk management and to have risk assessments in place that were evidenced-based. This will ensure that people's needs are assessed to reduce/prevent falls occurring. This had not been achieved and has been repeated (see previous area for improvement).

A generic tool was used for calculating a risk score for each care plan/outcome. More detail could be added to assess risk more comprehensively.

Staff need to be aware of the legal framework that supports Adults with Incapacity. Information needs to be stored in the person's file so that staff have access to important documentation.

People's rights to choice should be promoted. Where people lack capacity consent needs to be in place from other people who act on their behalf (see area for improvement 2)

## Areas for improvement

1. Staff should follow the 'Open with Care' guidance on visiting to ensure that people make the most of spending time with their friends and loved ones.

This is to ensure care and support is consistent with Health and Social Care Standard 2.18: I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.

2. Staff should be aware of the legal framework that supports adults with incapacity to ensure their rights are met. Appropriate documentation should be available for staff to see and use to ensure they have the knowledge and understanding to support people who lack capacity. This includes information as to who is making decisions on the person's behalf.

This is to ensure care and support is consistent with Health and Social Care Standard 1.3: If my independence, choice and control are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

## How good is our care and support during the COVID-19 pandemic? 4 - Good

Overall we evaluated that staff delivered good care and support during the COVID-19 pandemic.

There were important strengths with some areas for improvement.

The care home was clean. Effective cleaning schedules were in place to maintain cleanliness throughout the home. Staff followed best practice to ensure shared equipment was cleaned in-between use to reduce the risk of transmission. Good audits were in place to check that mattresses were clean and fit for purpose. We suggested to the manager to add pillows to the audit checklist. There was a good supply of Personal Protective Equipment (PPE) to ensure people and staff were protected against infection.

There were some items that could not be cleaned effectively due to damage to the surface making it difficult to clean. A maintenance worksheet identified the furniture and fittings that were due to be replaced. We asked the manager to include dates for items where effective cleaning was an issue, such as the surrounds to wash hand basins. The manager agreed to include this. This meant that there was a good programme in place to ensure damaged items would be replaced or repaired so effective cleaning could be completed.

The laundry system and the laundering of staff uniforms followed best practice guidance and effective procedures helped to reduce the risk of cross infection.

We made some suggestions to improve infection prevention and control practice. The manager responded, and for example, additional PPE storage units were ordered on the day of the inspection.

Staff had training on infection prevention and control and were aware of the guidance. The majority of staff wore the correct PPE. We asked the manager to discuss with staff as a reminder to follow the correct guidance to ensure good practice was maintained for example, social distancing.

Staffing levels were well maintained to ensure good practice and to meet people's needs. Regular routine testing for staff took place to promote people's safety.

Overall, the infection prevention and control measures were of a good standard to keep people safe.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

People should feel confident they will receive the care and support they need.

In order to ensure good outcomes for people experiencing care, the provider must, by 14 May 2021, ensure admission processes are improved. In order to achieve this, you must ensure:

- a) Service users are offered the opportunity to be involved in the pre-admission process whenever possible.
- b) Pre-admission information is used effectively to plan and prepare for admissions.
- c) Service users are provided with information about the service and the care and support they should expect to receive.

To be completed by: 14 May 2021

This is to ensure care and support is consistent with Health and Social Care Standard 1.18: I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.

This is in order to comply with:

Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made following a complaint in March 2021.

**This requirement was made on 27 April 2021.**

## Action taken on previous requirement

The manager had put together an intermediate care welcome pack that people could receive in hospital. This gave good information about what the service could offer.

This had been shared with flow team who do the preadmission assessments in the hospital. The manager felt this had started to make a positive difference. Assistant managers were also involved in hospital visits. This was helping staff prepare for people coming into the service, for example, the staff sourced the same door alarm system as was being used in hospital, to promote a sense of continuity.

The manager was looking for feedback from people who had moved into the service and also their relatives to monitor how effective the new welcome pack had been. The manager will continue to monitor the effectiveness of the process to ensure good outcomes for people.

## Met - outwith timescales

## 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

People experiencing care who are at risk of falling should be cared for in ways that promote their safety and independence. The manager should ensure that appropriate falls prevention guidelines, risk assessments and support plans are in place for people, based on recognised falls prevention frameworks. Staff should be provided with training and support they need to understand this and apply it to their practice.

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

**This area for improvement was made on 10 November 2020.**

### Action taken since then

Although there were generic risk assessments in place, there were no specific risk assessment for falls prevention that were evidenced based.

Staff had training planned but not all staff had completed training. Formal training had been suspended due to the Covid 19 pandemic. The risk assessment lacked appropriate detail. We discussed using a more evidenced based assessment that would support people who were at risk of falls.

We will review this area for improvement at the next inspection.



## Previous area for improvement 2

People experiencing care should expect to be provided with the information they need when they come to live in the care service. Admission procedures should be improved to include detail of how this will happen, who will be responsible for ensuring that it does, and that it meets people's individual needs.

This is to ensure care and support is consistent with Health and Social Care Standard 2.9: I receive and understand information and advice in a format or language that is right for me.

**This area for improvement was made on 27 April 2021.**

### Action taken since then

A welcome pack had been developed and in use. The manager agreed to monitor the impact of this by obtaining feedback from people who used the service.

People we spoke to were happy with the admission process. One relative commented -

'we got a lot of communication from High bank in the transition, we were kept very well informed'.

This area for improvement had been met.

## Previous area for improvement 3

In order to support good outcomes for people experiencing care, the manager should ensure all staff understand their role in responding appropriately to people's changing needs. All staff providing direct care should have the knowledge, understanding and confidence to seek medical assistance if and when this is required.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

**This area for improvement was made on 27 April 2021.**

### Action taken since then

From speaking to relatives and staff and reviewing people's care plans, staff had an understanding of their role. We found examples of staff contacting health professionals for advice or calling for GP/ambulance to take people to hospital who required hospital admission.

This area for improvement had been met.

## 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support 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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