

# Viewpark Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

Abercorn Care Ltd

**Service provider number:**

SP2003002437

**Service no:**

CS2007162742

## About the service

Viewpark Care Home registered with the Care Inspectorate on 1 April 2011. It is registered to care for 21 older people. The home is part of a small group of three services owned by Abercorn Care Ltd, all situated close to each other. There were 19 residents living in the home during this inspection.

Viewpark is in Portobello, with the beach and town centre a short walk from the home. There is good access to local facilities and transport. The home is an older style building, with a newer extension, which offers bedrooms of variable sizes, some with en suite. The bedrooms are on two floors, with a sitting room, dining room and bright conservatory on the ground floor. There are two enclosed courtyards at the back of the home and access to the neighbouring care home's garden. There is parking at the front of the home.

The services' aims and objectives include: "...to assist you to obtain your maximum potential.....to be sensitive and empathetic.....to create an atmosphere of friendship and trust in which each individual is valued and respected".

## What people told us

We received positive feedback from residents and relatives we spoke with. One resident said "I am happy here, I join in with all the activities". Another resident said "Staff are nice, they look after me."

We spoke with relatives. One family member told us: "I feel relief since she has been here." Another relative told us: It's the best decision I made, she is like a new person".

Other comments included:

From residents:

"I really enjoyed my day. I am happy and content here. The staff are kind and caring. There is plenty to do as I like to join in".

"I'm fine thank you. I enjoyed my breakfast. I am an early riser so I am happy to be up".

"It's been a busy couple of days. I like the company. Lunch was lovely - I like fish and chips".

"I am happy to stay in my room. Not much I want to do. Staff are very good - I do not like to make a fuss".

"Staff are good".

From relatives:

"My relative is eating well and joining in more. She is always well presented. She smiles and I know she is happy. She recently said 'they are very kind here' - I was delighted. Staff are lovely and attentive. I would go to staff if I had any concerns , but I don't".

"I am happy my wife is here. I am content she is being well cared for".

"I know about residents and care plans. I get consulted on any concerns. If I had a problem, I would go to the manager".

## 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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed

How well is our care and support planned?	4 - Good
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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

The atmosphere within the home was warm and comfortable. Residents and staff enjoyed genuine, positive relationships. It was evident that residents were well cared for by a staff team that was kind and respectful. This approach ensured that residents were supported by staff that knew how important it was to engage and care for residents in a compassionate and dignified manner.

Residents and relatives told us many positive things about the whole staff team, including the activities and maintenance staff. They were described as 'caring', 'very good' and 'so kind'. Residents had a voice within the home and this meant that their opinions were sought on a variety of topics such as menus, outings and décor. They told us that they appreciated being involved in decisions relating to where they lived and what they did with their day.

Residents enjoyed their meals, served by staff who offered discreet encouragement and support. They could choose where to have their meal and their preferences and choices were respected as much as possible. The food was described as 'good' and 'plenty of it'. All of this ensured that residents were supported to eat and drink well in a calm, pleasant atmosphere.

Meaningful opportunities were provided by experienced and skilled staff. A range of activities such as local visits, entertainers, exercise classes and quizzes were available for residents to take part in. The activity staff also spent time on a 1:1 basis with residents who preferred not to participate in larger group activities. We saw residents painting, doing yoga, and watching a DVD about the local area, it was evident that these were well enjoyed. This ensured that residents spent their time meaningfully, supported by staff who knew them well. The records showing how a resident had enjoyed their day should be recorded in a person centred way. This would give an overview of how each activity had supported a resident to have a positive outcome, such as laughing or a lighter mood.

Staff were vigilant with the health needs of residents. If a concern was noted, trained professional staff were on hand to assist. Other health professionals would be called upon for advice and guidance if required. Residents told us that they had no worries about their health needs as staff were "there to take care of me". Health records were completed to a good standard and risk assessments were updated regularly to support this approach. This meant that residents' health and well-being was well managed.

There was a recommendation from the last inspection:

1. To help improve the care and support offered to people, particularly those with dementia staff should undertake further relevant training. This would include building on sessions about person centred strategies that mean they influence and inform how all care and support is planned, delivered and evaluated. Involving the resident in care planning and asking them about the difference care and support has made to them is an important part of evaluating care and should be undertaken with residents to inform care plans. Some progress had been made with this but it was difficult to fully evidence as the training records were no accountable. See area for improvement.

We should be able to evidence how aspirations, choices and health were being support by a staff team trained to respond to their needs. This was difficult to determine as staff were not completing their training folders fully, even though there was evidence that training has been completed and management had a record of this. This will be an area of improvement.

### Areas for improvement

1. Staff should have opportunities to undertake training to support all the assessed needs and preferences of residents, to promote their well-being. Robust records of all the training completed should be available for each staff member.

HSCS 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their own practice and follow their professional and organisational codes.

### How good is our leadership?

This key question was not assessed.

### How good is our staff team?

This key question was not assessed.

### How good is our setting?

This key question was not assessed.

### How well is our care and support planned?

4 - Good

The assessment and care planning for residents was good. They benefited from assessments carried out by competent and suitably trained staff. We were told that the care plans were being re-written to reflect a more person centred approach and this would take some time. Care plans did, on the whole, reflect individuals' assessed needs. Clinical needs were well documented, supported by robust risk assessments. There were evaluated on a regular basis.

To help protect and promote their wellbeing, a more sensitive and respectful approach needed to be taken when writing about residents preferences, needs, and wishes. We were told that the new care plan format would guide staff to reflect on the person first. Therefore the residents preferences, skills, knowledge and background would be given a prominent place, ensuring that the care plan reflected the whole person, not just their health needs. See area for improvement.

To fully promote a person centred ethos, staff needed to appreciate the importance of writing daily notes and review reports in a way that showed outcomes and aspirations for each resident. The daily notes

we read contained comments such as 'settled' day and 'X was agitated', instead of reflecting positive outcomes and goals for residents. This will be incorporated into the area for improvement.

We gave some suggestions to the management team on how the proposed model of care planning could be further improved to reflect individuals' personal outcomes and support their mental health and well-being. We discussed stress and distress care planning and how living with dementia could impact on the whole person. The management team were receptive to any ideas that supported staff to care for residents.

We saw that, wherever possible, people experiencing care, or their representatives were involved in the care planning process.

There was a recommendation made at the last inspection:

1. To help people remain as independent as possible and take positive risks staff should consider different ways to support people, including exploring innovative ways to promote people's independence. This may range from small daily things like taking a shower as well as aspirational things like getting out and about. Helping residents to arrange additional support or use technology to facilitate positive risk taking should be considered. This was discussed with the service. This is still a work in progress until each resident has a completed person centred care plan which reflects all their needs. This will be reviewed at the next inspection.

## Areas for improvement

1. Each resident should have a person centred care plan which reflects their assessed needs including their preferences, wishes and aspirations. Staff need to write all notes in person centred, respectful manner.

HSCS 1.15 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.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good

1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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