

Golfhill Care Home Care Home Service

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Dennistoun
Glasgow
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Telephone: 01415 502 662

Type of inspection:
Unannounced

Completed on:
22 February 2024

Service provided by:
Advinia Care Homes Limited

Service provider number:
SP2017013002

Service no:
CS2017361011

About the service

Golfhill Care Home is registered to provide a care service to 105 older people. The provider is Advinia Care Homes Limited. There were 84 people using the service at the time of inspection. The home is in Glasgow, close to public transport and local amenities.

Accommodation is purpose-built with four separate units that can support: 60 older people with dementia in the Alexander and Whitehill units, 30 older people in the Craigpark unit and 15 adults/older people in the Dennistoun unit. Dennistoun unit remained closed at the time of the inspection.

All bedrooms are provided on a single occupancy basis with en suite shower facilities. There are garden areas for each unit that people can access through patio doors. Car parking facilities are available in the grounds of the home.

About the inspection

This was an unannounced inspection which took place 20, 21 and remotely on the 22 February 2024. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included: previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with nine people using the service
- spoke with eight of their family/friends
- spoke with 22 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The staff team were committed and supported people with respect.
- The care home was clean and tidy with ongoing environmental improvements.
- The record keeping processes in the care home require improvement.
- To ensure people get the most out of life opportunities to participate in meaningful activity should be improved.
- The new manager was working through the development plan to progress improvements.

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

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

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Observation of staff interactions with people who use the service and discussions with them about individuals' needs evidenced positive, caring and respectful relationships. Overall, we heard positive feedback from the family members we spoke with. This included comments such as "the staff are nice and kind".

People benefited from a stable staff team who knew them well. This helped in identifying changes in peoples' presentation and wellbeing. When additional needs had been identified, such as wound management, the service introduced appropriate assessments and support plans. This allowed the staff to monitor progress. The staff made appropriate referrals to external professionals in relation to these. This helped to keep people well. Visiting professionals are encouraged to document directly into the electronic daily care notes. This provided staff with their direct guidance.

There was a relaxed atmosphere at mealtimes. Where people required help to eat and drink, staff provided this in a kind and patient manner. This meant that people were supported at a pace that suited them. The care home had introduced new menu boards to promote choice. We asked the service to monitor the use of visual choices to aid selection for meals for individuals as this was not consistently applied across the units.

We found that nutritional charts had detailed information. This allowed oversight of what individuals had been offered and had eaten across the 24 hour period. The fluid monitoring records require additional oversight as these were not consistently completed or monitored. This made it difficult to monitor when individuals had not achieved their daily fluid target and to implement changes to planned care when required (see requirement 1).

Medication was managed well, and individuals were supported to take the right medication at the right time. There was guidance available to direct staff on the administration of "as required" medication.

Meaningful connection and activity are important for people's health and wellbeing. People were supported to maintain relationships with those important to them. The service had a vacancy for a wellbeing coordinator. An individual identified has been identified to fulfil this role and safer recruitment checks were underway. The service had some activities on offer which included quizzes, music, arts and crafts. However, this was not consistently promoted across the different units. An area for improvement has been repeated (see area for improvement 1). This should be progressed to ensure that individuals have the opportunity to participate in activities meaningful to them.

Requirements

1. By 30 May 2024, people must be supported to experience care and support that is safe and right for them.

To do this the provider must ensure that:

(a) Monitoring systems used to promote the health and wellbeing of people, for example but not limited to fluid monitoring charts, are improved. The information must be used to evaluate the effectiveness of interventions at regular intervals throughout the day and direct staff on how to support people.

This is to comply with Regulation 4(1)(a) and Regulation 5(b) (i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that people's health benefits from their care and support and takes account of the Health and Social Care Standards (HSCS) which state: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "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).

Areas for improvement

1. To ensure that people can engage in meaningful activity that is clearly evidenced and regularly evaluated to maintain their health and wellbeing. The provider should: - review activity provision to ensure residents have access to activity in line with their preferences and choices.

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)

This area for improvement was made on 6 April 2023.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

There had been a recent change of manager in the service. Residents, relatives and staff spoke positively about the new management team and confirmed they had made a positive impact in the service.

People should benefit from a culture of continuous improvement. The organisation provided robust and transparent quality assurance processes. A range of quality audits had been completed electronically. This took account of areas such as medication management, accidents and incidents, health assessment and personal planning. Action plans were developed when areas for improvement had been identified. These actions were delegated to designated staff members. The manager used the electronic system to monitor and feedback to the staff team on progress to meet the actions.

The management team had recently introduced suggestion boxes at the entrance of each unit to provide individuals with the opportunity to share their views and ideas about developing the service. These had not been utilised at the time of the inspection. Relative meetings had recently been introduced into the care home. Relatives we spoke with commented positively on this. A schedule was available for future dates. The service should continue to develop consultation methods with stakeholders. We have repeated a previous area for improvement (see area for improvement 1).

Accidents and incidents were monitored and analysed within the service. This provided reassurance that when things did not go to plan, the service used a lessons approach. We saw examples where the management team used the quality system to monitor progress for individuals when they had experienced an accident, such as prompting staff to refer to external professionals. This demonstrated effective management oversight.

Complaints were managed using an online system. The provider had recently made changes to the system to allow the management team to record and monitor concerns. Records indicated that complaints were not consistently managed in accordance with the providers complaints policy. There were plans in place to address this. A recent complaint investigation had resulted in an area for improvement in this area. We will monitor this at a future inspection.

Where improvement was needed the service development plan was used as a live document to monitor progress. Feedback from stakeholders should be used to inform the development plan.

Areas for improvement

1. A service development plan should be created with input from the people who use the service, families/ representatives, staff and stakeholders in line with the Care Inspectorate's "Quality Framework for Care Homes for Adults and Older People: For use in Self-Evaluation, Scrutiny, and Improvement support" (published April 2022).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 6 April 2023.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Staffing arrangements were determined by regular assessment of people's nursing and care needs. We observed warm and positive interactions between the staff team and those living in the care home. There were enough staff to respond to people's needs.

People should have confidence that the people who support them are trained, competent and skilled. A blended approach had been used with staff training. E-learning covered a wide range of mandatory training. Staff had the opportunity to participate in face-to-face training with internal and external trainers. This included moving and assistance, epilepsy, catheter care and nutrition. Staff had attended specific training on the use of a recognised tool to detect a deterioration in people's wellbeing (RESTORE2). The training provided was relevant and helped staff meet the needs of people they support.

Recruitment policies and procedures were in place, which reflected the principles of "Safer Recruitment, Through Better Recruitment". However, we identified occasions where references had not been appropriately reviewed prior to individuals commencing employment (see area for improvement 1). We received mixed feedback regarding the induction offered to new staff. We discussed this with the management team and training manager and were reassured that a new system was being developed. Contingency measures were being introduced until the new process becomes established. This will help ensure new staff are adequately prepared for their role.

Staff meetings were being reinstated. There had been a senior staff meeting and a wider staff meeting was planned. This would allow the staff the opportunity to share their views on the service and provide feedback.

It is important that staff have regular supervision opportunities with managers to identify any practice, training and support needs promptly. There had been group supervisions undertaken. We discussed with the management team that individual staff supervision would allow staff to meet with their line managers to discuss their role and any difficulties experienced. It was reassuring that the management team were developing a supervision plan.

Areas for improvement

1. The provider should ensure that people experience care which is provided by staff who have been safely recruited and supported into their new roles. All recruitment should be completed in line with "Safer Recruitment, Through Better Recruitment" guidance.

This is to ensure that the quality of the staffing within the service is consistent with the Health and Social Care Standards which state that "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

People can expect to live in high quality facilities. The care home was clean, tidy and clutter free throughout. The environment was bright and spacious. Each unit had a selection of communal areas that people could spend their time. People could easily move around which promoted their independence. There was a range of appropriate equipment to meet people's needs.

There was evidence of ongoing environmental improvement work. This included painting and decorating of communal lounge and dining areas. The service was awaiting delivery of new blinds for the communal areas to enhance the environment for individuals.

Bedrooms were comfortable and nicely personalised which helped to give people a sense of belonging. People had their own room and en suite which promoted privacy.

People can expect accessible outdoor space. The service benefited from a range of garden areas. It was positive to note that improvements made at the last inspection had been sustained. Individuals had access to outdoor space with appropriate furniture.

Maintenance records confirmed equipment checks and servicing had been carried out to ensure people were not exposed to harm and were kept safe. There was a call alert system that allowed people to summon assistance when required. A recent complaint investigation had resulted in an area for improvement in relation to the monitoring of sensor equipment. We will monitor this at a future inspection.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans were mostly written in a person-centred way and involved those living in the care home. We shared some examples with the management team where information could be enhanced.

Individuals were supported by a range of health assessments. This meant that individuals could be assured that staff monitored their health needs. Where health and wellbeing assessments identified specific interventions, additional personal plans were in place to guide and support staff in care delivery. This meant that individuals could be assured that they were being supported by a staff team that were aware of their needs. We made a requirement as a result of an upheld complaint about personal planning and assessment of continence care. This remains within the timeframe for compliance (see requirement 1). We will follow this up at a later date.

The service had an overview of six monthly reviews which identified those that had taken place and those planned. This is important to give those living in the care home and those closest to them the opportunity to be involved in their care and support. We found that this process had improved the oversight in two units of the care home however one unit had fallen behind with the scheduled reviews. An area for improvement has been repeated (see area for improvement 1).

It is important that staff clearly document individuals' experiences and care delivery to demonstrate that people benefit from their planned care interventions. We shared with the management team that this required to be improved. At times there was limited information available on the experiences and outcomes for individuals (see requirement one). This makes it difficult to measure if planned care is appropriate for individuals.

Requirements

1. By 30 May 2024, the provider must ensure service users' health, safety and social care needs are documented and effectively communicated between all relevant staff and met.

To do this the provider must at a minimum:

a) Ensure daily records reflect support interventions in accordance with personal plans.

b) Ensure that staff receive training on the importance of accurate and meaningful record keeping.

This is to comply with Regulation 4(1) (a) and (d) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the 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) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

Areas for improvement

1. To ensure people's personal plans remain effective, the provider should: - ensure that people and or their representative are included in the evaluation and review of their personal plan, at a minimum of six monthly or when there is a change in a person's care needs.

This is to ensure that support is consistent with the 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 6 April 2023.

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

Requirements

Requirement 1

By 1 February 2024, for the safety and wellbeing of people experiencing care, an effective falls prevention and management system must be in place and followed at all times. In order to achieve this the provider must ensure, as a minimum:

- a) All staff are familiar with and adhere to the policy on falls prevention and management while referencing best practice guidance.
- b) Ongoing post falls monitoring and clinical observations are completed and fully recorded.
- c) Care plans are reviewed in line with observed changes and in response to post falls analysis information. Care plans and assessments should make clear the steps to be taken to mitigate people's falls risk.
- d) Appropriate action is taken to seek medical advice and guidance for people who have experienced a fall and to liaise with the falls team, as appropriate.

e) Staff receive appropriate training and guidance on falls prevention and management in a care home setting.

To be completed by: 01 February 2024

This is in order to comply 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."

Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 1 November 2023.

Action taken on previous requirement

The management team had completed group supervisions with the staff team to highlight the falls prevention policy and guidance. We saw examples of appropriate monitoring following an individual experiencing a fall. We reviewed instances of falls and could see that the service linked with external professionals as required and care plans had been updated as expected.

A falls information sharing station had been introduced to allow for staff, residents and relatives to have the most current information about reducing falls in care homes.

Met - within timescales

Requirement 2

By 08 December 2023 (extended to 1 February 2024) , the provider must demonstrate that personal plans make proper provision for people's safe catheter care and detail how identified risks will be managed. To do this the provider must, at a minimum:

- a) Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned and provided including how identified risks will be managed;
- b) Implement the Urinary Catheter Care Passport for people experiencing care who have an indwelling urinary catheter;
- c) Ensure that there are accurate records to monitor fluid intake and urinary output where an indwelling catheter is in place;
- d) Ensure that staff demonstrate the necessary skills to support people safely, are aware of their responsibility in maintaining accurate records, and follow best practice;
- e) Demonstrate care staff are aware of the content of the care plans and how support must be provided;
- f) Demonstrate that managers are involved in monitoring and the audit of records.

To be completed by: 08 December 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: "My care and support meets my needs and is right for me. This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)".

This requirement was made on 12 October 2023.

Action taken on previous requirement

The service had continued to progress with this requirement since the last follow up inspection. Catheter care plans were in place and the urinary catheter care passport was available on the electronic system. Staff had received training and competency assessments had been completed to help ensure appropriate practice was employed.

Further improvement in recording and monitoring people's fluid intake was needed. Overall, this requirement has been met and we have made a new requirement regarding the fluid monitoring element, see key question 1 "How well do we support people's wellbeing?"

Met - within 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

To ensure that people can engage in meaningful activity that is clearly evidenced and regularly evaluated to maintain their health and wellbeing. The provider should:- review activity provision to ensure residents have access to activity in line with their preferences and choices.

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)

This area for improvement was made on 6 April 2023.

Action taken since then

See comments under key question 1 "How well do we support people's wellbeing".

Based upon our findings we have concluded that this area for improvement has not been met and will be repeated.

Previous area for improvement 2

A service development plan should be created with input from the people who use the service, families/ representatives, staff and stakeholders in line with the Care Inspectorate's "Quality Framework for Care Homes for Adults and Older People: For use in Self-Evaluation, Scrutiny, and Improvement support" (published April 2022).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 6 April 2023.

Action taken since then

See comments under key question 2 "How good is our leadership".

Based upon our findings we have concluded that this area for improvement has not been met and will be repeated.

Previous area for improvement 3

To ensure people's personal plans remain effective, the provider should:- ensure that people and or their representative are included in the evaluation and review of their personal plan, at a minimum of six monthly or when there is a change in a person's care needs.

This is to ensure that support is consistent with the 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 6 April 2023.

Action taken since then

See comments under key question 5 "How well is our care and support planned".

Based upon our findings we have concluded that this area for improvement has not been met and will be repeated.

Previous area for improvement 4

Systems should be put in place to ensure that people's clothing and personal property are managed carefully in the care home. To ensure this the provider should:- complete a detailed inventory of people's personal clothing and property on admission to the home. This should be agreed and signed off by the person or their representative. Ensure all clothing is clearly labelled in accordance with the laundry service management procedure. Complete a discharge inventory to ensure all personal items are accounted for and returned to people or their representative.

This area for improvement was made on 30 October 2023.

Action taken since then

There has been additional guidance made available for staff. The service was using the electronic system to photograph new items and add this to individual's inventories.

Although we heard an instance of an item being brought into the care home and not logged we considered that sufficient progress had been made to comply with the terms of this area of improvement.

This area for improvement has been met.

Previous area for improvement 5

People should have confidence that the arrangements for communicating with family/representatives have been agreed and are followed at all times.

This is in order to comply with:

Health and Social Care Standard 2.12: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account."

This area for improvement was made on 30 October 2023.

Action taken since then

A further area for improvement has been made in relation to this area following an upheld complaint. Please see our complaints section on the website.

The recent area for improvement will replace this one and be followed up at a later date.

Previous area for improvement 6

Management must ensure people who are experiencing care have a sufficient daily fluid intake to meet their health care needs. To do this they should ensure there are acute care plans in place for people who are unwell. That there is documented evidence within the care plan on action taken when people are not achieving their targeted daily fluid requirements, and staff have a clear understanding about effective hydration and can demonstrate this through their practice.

This area for improvement was made on 9 June 2023.

Action taken since then

See comments under key question 1 "How well do we support people's wellbeing".

Based upon our findings we have concluded that this area for improvement has not been met. This area for improvement has been discontinued and has been reflected in a requirement in key question 1 of this report.

Previous area for improvement 7

There should be a clear protocol in place in regards as to when staff should contact external medical services. Management should ensure that all staff are aware of when to call for medical assistance. All contact with external professionals should be accurately recorded in the appropriate notes.

This area for improvement was made on 9 June 2023.

Action taken since then

Additional staff training had been completed. Guidance was available for staff within the units of the care home and multidisciplinary notes demonstrated that this was taking place.

This area for improvement has been met.

Previous area for improvement 8

When someone who is experiencing care is identified as having symptoms of illness, in this case a urine infection, a sample should be submitted as soon as possible. All interactions in regards to this should be accurately recorded in this individual's care notes including what strategies staff may have tried and when.

This area for improvement was made on 9 June 2023.

Action taken since then

We saw evidence of the staff team obtaining and sending timely samples for individuals.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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