

Golfhill Care Home Care Home Service

35 Hanson Street
Dennistoun
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G31 2HG

Telephone: 01415 502 662

Type of inspection:
Unannounced

Completed on:
20 March 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 82 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 follow up inspection which took place on 20 March 2024. The inspection was carried out by two inspectors from the Care Inspectorate Complaints Team. This follow up inspection was undertaken to review the progress of the requirements made at the complaint investigation visit on 01 February 2024.

To prepare for the inspection we reviewed previous reports and the action plan. We spoke with the case holding inspector and reviewed any intelligence received since our last visit.

In making our evaluations of the service we spoke with the management team and staff and reviewed documentation.

Key messages

The management team had been in post a matter of weeks and acknowledged that they had not been able to make the progress they would have liked with the requirement.

How well do we support people's wellbeing?

We noted that there had been limited progress with the requirement.

Concerns remained about the management of people's continence needs and the records kept to support this.

We have therefore restated this requirement with a new timescale (see requirement 1)

Requirements

1. By 06 May 2024, extended from 01 February 2024, you must ensure that peoples' continence health and wellbeing needs are being accurately assessed, documented, and met. To do this, you must, at a minimum:

- (a) Ensure that there is a continence care plan in place for each person experiencing care that is accurate and reflective of current assessed needs, including the risk of UTI's.
- (b) Ensure that the continence assessment tool is accurate and reflective of current assessed needs.
- (c) Ensure that the process notes evidence the daily support offered to people experiencing care with their continence needs.
- (d) Ensure that specific documentation is put in place to support a person experiencing care when they have a UTI.

To be completed by: 06 May 2024.

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

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)

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

Requirements

Requirement 1

By 19 March 2024, The provider must ensure that people's continence health and wellbeing needs are being accurately assessed, documented and met by all relevant staff. To do this, the provider must, at a minimum:

- (a) Ensure that there is a continence care plan in place for each person experiencing care that is accurate and reflective of current assessed needs, including the risk of UTI's.
- (b) Ensure that the continence assessment tool is accurate and reflective of current assessed needs.
- (c) Ensure that the process notes evidence the daily support offered to people experiencing care with their continence needs.
- (d) Ensure that specific documentation is put in place to support a person experiencing care when they have a UTI.

To be completed by: 19 March 2024

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

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 1 February 2024.

Action taken on previous requirement

In discussion with the new manager when we arrived, they acknowledged that there had been limited progress with the requirement. This was primarily related to pressures of other work and the reality of becoming familiar with a new role.

We sampled personal plans from the three houses within the care home to assess progress with the requirement made at the complaint visit. To ensure that people are supported with their continence needs, we would have expected to see a comprehensive, needs led care plan. From the number we sampled, we could see limited information that told us what the person's preferences and choices were with their continence needs. We saw one care plan that gave insightful information regarding the needs and preferences of a person and this would be a useful template for staff to follow.

We looked at risk assessments and the daily care notes for the personal plans we sampled. The risk assessments had been updated monthly but we found they did not accurately reflect the assessed needs in the care plans or the notes recorded by staff on a daily basis. This meant it was hard to determine what the current assessed needs of people were.

We reviewed the daily care notes for the people whose plans we had sampled. We found gaps in the frequency of records of when people were being supported with their continence needs. This was a concern as we could not be certain that people were receiving regular support to go to the toilet or regular support to stay clean and dry.

We discussed this at length with the management team and the nurses in charge during our visit. They accepted there had been limited attention given to the continence care plan and gave assurances that this would be addressed as a matter of urgency for the well-being and comfort of people experiencing care. This requirement was not met and will be extended.

Not met

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

The service should promote effective communication with representatives to ensure they are updated regarding any changes to the health and well-being of their relative. All staff should be made aware of the correct arrangements.

This area for improvement was made on 1 February 2024.

Action taken since then

Progress with this area for improvement was not assessed at this inspection.

Previous area for improvement 2

The service should ensure that identified health needs for people experiencing care are addressed in good time with explanation being recorded if this is not achievable. There should be comprehensive and accurate records taken of health needs identified and the action taken to address and resolve them.

This area for improvement was made on 1 February 2024.

Action taken since then

Progress with this area for improvement was not assessed at this inspection.

Previous area for improvement 3

The service should ensure that formal correspondence is copied to or sent to a persons' relative or Power of Attorney if these are the agreed arrangements.

This area for improvement was made on 1 February 2024.

Action taken since then

Progress with this area for improvement was not assessed at this inspection.

Previous area for improvement 4

The service needs to ensure that any equipment assessed as needing to be 'in place to support prevention' of falls, such as a PIR sensor, is in place and switched on at all times. Accurate records should be kept of the checks completed on the equipment.

This area for improvement was made on 1 February 2024.

Action taken since then

Progress with this area for improvement was not assessed at this inspection.

Previous area for improvement 5

Staff should be competent in complaint handling ensuring that concerns and complaints are responded to in line with the providers policies.

This area for improvement was made on 1 February 2024.

Action taken since then

Progress with this area for improvement was not assessed at this inspection.

Previous area for improvement 6

The management team should ensure that any actions arising from a complaint investigation are actioned and fully completed.

This area for improvement was made on 1 February 2024.

Action taken since then

Progress with this area for improvement was not assessed at this inspection.

Complaints

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

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