

Guthrie House Care Home Service

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Type of inspection:
Unannounced

Completed on:
9 May 2024

Service provided by:
Guthrie Court Limited, a member of
the Four Seasons Healthcare Group

Service provider number:
SP2005007863

Service no:
CS2006135714

About the service

Guthrie House care home is registered to provide a care service for up to 88 older people. The provider is Guthrie Court Limited, part of the Four Seasons Healthcare Group.

The home is situated in the Liberton area of Edinburgh, within easy reach of shops and public transport. The home has courtyard gardens and parking areas. It is purpose-built over three floors with lift and stair access to the first and second floors. Each floor has between 28 to 30 residents.

All bedrooms are single with ensuite, including a shower. There are sitting rooms, dining rooms and bathrooms on each floor.

Four Seasons Healthcare Group states its vision as 'to improve the lives of our residents and the communities we serve by consistently delivering special resident experiences and to be the best place to work in the care sector'.

About the inspection

This was a full inspection which took place between 02 & 07 May 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 information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with 15 people using the service and nine of their family representatives. We spoke with 12 staff and management, observed practice and daily life and reviewed a range of documents.

Key messages

- People were well supported around their essential care needs.
- Activities staff worked hard to provide a range social and recreational opportunities for people experiencing care (PWEC).
- Aspects of facilities needed needed refreshed.
- Staff worked effectively as a team and provided care with empathy and compassion.

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

We evaluated the service's overall performance in this key question as good. This meant positive findings significantly outweighed any areas for improvement and development.

The service pro actively referred people to external health and community based agencies when changes to their presentation required additional professional assessment. We observed this across broad ranging aspects of care and support, including: skincare and tissue viability, nutritional intake, podiatry, equipment associated with mobility and stress and distress. This responsive approach helped ensure people's fundamental health and well-being outcomes were being met.

The quality of recordings which evidenced care provided had improved from the previous inspection. Repositioning charts were well maintained, although some personal plans did not always clearly indicate time intervals for maintaining good skin integrity. Oral hygiene was well documented. It was evident that people were receiving essential oral care. Food and fluid balance charts were appropriately recorded.

Medication administration was effective and followed the prescribers guidance. We noted improvement around the recording of topical medication and the photographic documentation of wound care.

There was improvement around the provision of support for people in groups and on a 1:1 basis, with effective systems which recorded the time and frequency of activities people participated in. The addition of case notes to indicate the outcomes associated with activities would considerably enhance the quality of insight into activities and the outcomes arising from people's participation. This is an area for further development which we shall consider at our next inspection.

There was some lovely feed back from PWEC around their engagement in activities which enabled them to get the most from life. We saw photographs of people enjoying the garden, on outings and participating in events in the home. People spoke about getting involved in choosing the likes of bedding plants for planting, indicating that this helped them feel valued and empowered. People confirmed they were always able to access the gardens, adding that they really appreciated this.

We undertook observations of the dining experience across the home. There was some variation in the quality of this aspect of support provided. People were generally supported to make meal choices. However, there was one occasion when there wasn't a menu and staff themselves were uncertain as to what food was available.

We noted inconsistency in staff practice around hand sanitisation. In order to maintain a safe and infection free home, staff need to be more diligent in their IPC practice, especially when moving between people and providing direct assistance to eat and drink (see Area For Improvement 1).

Areas for improvement

1. In order to ensure safe outcomes for people, staff should practice good hand hygiene when providing personal care and support.

Hand hygiene should be a management focus area when observing practice and undertaking meal time observations.

Health and Social Care Standards: my support, my life (4.11)- I experience high quality care and support based on relevant evidence, guidance and best practice

How good is our leadership?

4 - Good

We evaluated the Provider's overall performance in this key question as good. This meant positive findings significantly outweighed any areas for improvement and development.

Management undertook a wide range of audits. This helped ensure they had insight and an overview of all aspects of care home practice. Audits included those focusing on medication administration, personal plans and other documentation which evidenced care provided. We noted actions associated with updating information in personal plans, observing that these had been actioned when we considered the documentation in question.

Staff had a series of competency based evaluation, focusing on clinical practice and care delivery. We heard of plans to extend observations of practice and noted these were underway. Observations of practice contained information which outlined the care practice and described events, interactions and outcomes arising from these interactions. These observations of practice will be rolled out across the care team.

If practice observations indicated some staff needed additional support they were requested to complete reflective accounts. These reflective accounts helped them consider the work they undertook and best practice approaches.

We considered complaints and how the Provider had responded to them, noting that any complaints were resolved within time frames outlined in Provider policy. We requested additional details around one complaint conclusion and were provided with updated information that wasn't fully reflected in the complaints file. Overall, complaints were well managed.

IPC and facilities audits were undertaken. These identified actions and areas for development. We noted some actions were identified, but they were not actioned at time of inspection. Timescales for some maintenance jobs to be completed were cited as sometimes taking too long by staff, and we could see areas where action was needed. Audits should clearly indicate the timescale for the completion of work, ensuring that delays do not become excessive and potentially impact negatively on people's wellbeing.

We noted a "You said - We did" approach to actioning and sharing feed back from PWEC and their families. The last related recording was from July 23 - Sept 23. This should be re-established. It provides an effective summary of how the home responded to feed back from people and their families.

Equipment used to facilitate care delivery was clean and well maintained. We noted timeous servicing of mechanical aids. This helped ensure that equipment was safe to use and in good repair.

Management have recently supported PWEC to engage in the interview process for employing new staff. This is a positive way of ensuring that people are empowered to have a say in choosing their care workers.

Quality surveys were undertaken. There was a detailed annual survey which gave PWEC and their families the opportunity to evaluate the quality of their care across a broad spectrum of life at Guthrie House.

How good is our staff team?

4 - Good

We evaluated the Provider's overall performance in this key question as good. This meant positive findings significantly outweighed any areas for improvement and development.

We discussed support and team working with staff in all roles across the home. Staff consistently identified strong core values associated with practice and gave good examples of working well together.

There was a positive team ethos. Staff said that there was a good skills mix on the floors. They felt enabled to share their views, saying their opinions were valued, by peers and management.

We observed some very good interactions during care delivery. Staff engaged well, they listened to people and worked with clear kindness and compassion. Feedback about staff from PWEC was good. "staff are kind, they listen and work at a pace which suits me". A family member told us "they (staff) know my mother well. They are always able to update me on her care and I feel confident that they pick up on any changes to her well-being".

We noted a lack of involvement in team meetings for staff who worked night shifts. Scheduling some team meetings at times when they are able to engage would enhance their sense of involvement and teamwork.

Staffing levels were informed by a dependency tool which is reviewed daily to account for changes in people's presentation or wider issues in the home. The dependency tool took account of a variety of needs, including care presentation and positive behavioural support approaches.

From our sampling of how dependency tools are completed we observed that there was an absence of specific hours allocated for emotional support. Ensuring that this was taken into account in assessing staffing levels would enhance the value of the dependency tool deployed at Guthrie House.

On average, staffing levels tended to sit slightly above the minimum dependency tool numbers. We observed that greater consideration could be given to the size and layout of the building, and slightly differing practice approaches across the home. A management observational audit of staff deployment, as impacted by the size and layout of the building would enhance the efficacy of the dependency tool.

The dependency scores didn't take into account social support. This currently falls within the remit of the activities worker. At the time of inspection, there was only one dedicated activities staff member in post. We heard that finding time to support people outwith the dedicated activities time can sometimes be a challenge. Management advised us that they are currently recruiting additional activities staff. This will enhance activities provision in the home.

We considered staff skills mix and how workers were deployed. Training compliance levels for staff was high in most areas, including key topics such as Infection Prevention and Control, Adult Support and Protection and Moving and Assisting.

There were some development needs around training provision for supporting people with stress and distress. Discussion with some care workers highlighted this was an area where they felt they could develop practice. Management advised that this type of training had recently commenced, with additional planned opportunities for staff learning forthcoming.

We identified additional opportunities to enhance staff skills around other conditions specific to individuals, such as Diabetes, Stroke management and recovery and Parkinson's Disease. These are areas for development that we will consider at our next inspection.

How good is our setting?

3 - Adequate

We evaluated the Provider's performance across this Key Question as adequate. There were strengths, but these just strengths only just outweighed weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance needed to improve.

Cleaning schedules were not always being maintained. House keeping staff acknowledged this during discussion and cited shortage of domestic workers as the main underlying reason. We were also concerned that not all house keeping staff understood which cleaning products were to be used to maintain a safe environment.

In one dining room chairs were worn and soiled, with encrusted food debris noted on underside of arms and tables. There was also food debris in gaps on chairs and food related marks on some walls, as well as an area which urgently needed redecorated.

In order to maintain a safe and infection free environment we made an area for improvement around cleaning and maintaining a safe care setting.

There was some variation around the quality of the facilities across the home. There had been a programme of refurbishment, albeit that this was not yet completed. We heard that there were plans to re-instate pictures and other wall decoration in the home. This will lend a more homely feel to corridors and other communal spaces.

We observed an absence of quiet space and alternatives to the main lounge areas. Some facilities which could have served this need were used for the of equipment, for staff meetings or as an activities base, albeit that we were unsure if activities ever took place there. The communal lounges were always busy and whilst clean, they could have been used more creatively. We made an area for improvement around the provision of additional communal spaces.

The home was enhanced by well maintained garden areas. The outdoor spaces were safe and accessible to all residents and offered people the opportunity to engage with relaxing green spaces and engage in therapeutic gardening activities. It was clear that the gardens were a real asset to the home and much appreciated by PWECC.

We were concerned that staff did not always adequately secure areas of the home which contained the cleaning products used to maintain a safe environment. We found unlocked sluice room doors on a number of occasions, raising this as a to management concern on several occasions.

We also noted documentation which indicated lengthy delays around replacing fire safety fittings and related systems used to ensure a safe environment in the event of fire outbreak.

Although remedial actions have now been undertaken and completed with regard to both these areas of concern, we made an area for improvement around timeous actioning of facilities maintenance and maintaining a safe care home environment.

Areas for improvement

1.
The Provider should ensure that all areas of the home are appropriately clean, well furnished and appropriately decorated.

All housekeeping staff should understand which cleaning products should be used to maintain a safe and infection free care environment.

Health and Social Care Standards: my support, my life (5.19)- My environment is secure and safe & (5.24)-I experience an environment that is well looked after with clean, tidy and well maintained. premises, furnishings and equipment

2. The Provider should ensure that all essential maintenance work is undertaken timeously in order to maintain a safe care home environment.

Health and Social Care Standards: my support, my life (5.19)- My environment is secure and safe & (5.24)-I experience an environment that is well looked after with clean, tidy and well maintained. premises, furnishings and equipment.

How well is our care and support planned?

4 - Good

We evaluated the Provider's overall performance in this key question as good. This meant positive findings significantly outweighed any areas for improvement and development.

People and their families told us that they felt they were consulted around their care and said that they felt included in the design of their support delivery strategies. This consultation began during pre-admission assessment and continued throughout people's stays at Guthrie House.

We observed clear improvements around recording of people's choices, wishes, routines and noted some detailed life story material in people's personal plans. This helped ensure that staff had access to information required to provide person-centred support.

Staff had sought to engage people around their end of life care and in some files we saw some good documentation around how to support people when they reached this stage of their care journey.

Service reviews were being undertaken, albeit not always within six monthly timescales.

Reviews often had a clinical focus and didn't always address wider ranging aspects of support. Review should routinely capture people's thoughts on the quality of staff, quality of meals and activities. We felt that reviews should place a greater evaluative focus on evidencing how support contributed to positive outcomes for people.

We made an area for improvement around service review.

Areas for improvement

1. In order to ensure that people are fully consulted and empowered to assess their care outcomes, service reviews must be convened at a minimum of six monthly intervals.

Reviews should broaden their focus and address all aspects of people's care, not just the clinical aspects of their support.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 "

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 should be able to maintain and develop their interests and activities in a way that is meaningful for them.

People who choose not to, or are not able to, participate in group activities, should have opportunities for social activities and be supported to pass their time in meaningful ways.

To support this, the provider should ensure that people are supported with individual social opportunities in line with their choices and preferences. This could include the deployment of activity staff and involvement of care staff in order to be able to offer social opportunities for people on a regular basis.

This is to ensure care and support is consistent with Health and Social Care Standards 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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 15 November 2022.

Action taken since then

People were supported to engage in activities that were meaningful to them. There was a range of opportunities for people to pursue social and recreational interests.

1:1 contacts were being recorded and we could see the frequency and duration of this type of activity. People said they welcomed the chance to speak with staff on an individual basis. The systems used to record activities could be developed further, with notes which indicated the benefit and outcomes associated with activities provision.

There was evidence to show that people were being consulted with and that the service were facilitating pursuit of hobbies and interests. A good example of this was found around tending of the garden, purchasing of bedding plants. We heard some very nice feedback around this.

Met

Previous area for improvement 2

People should be confident that their personal plans reflect things that are important to them and how their needs and wishes are to be met.

This should include but not be exclusive of; a) peoples wishes and preferences for their care at the end of life. b) care plan sections are updated where changes are identified in regular evaluations and six monthly reviews c) information on the activities and social opportunities people participated in.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 15 November 2022.

Action taken since then

Personal were being updated on a regular basis. People's wishes and preferences, social and recreational needs were generally well evidenced.

Where there were changes to people's presentation, linked to care needs, these were usually well described, although we found some plans that needed updating.

There were some gaps in the six monthly review cycle. Reviews were often not outcomes focussed and tended to focus on people's care needs. They did not address broader aspects of support, including evaluation of quality of their staff and support.

Partially met-see updated AFI

Previous area for improvement 3

People should be able to enjoy a positive dining experience that is as free from intrusive noise and interruptions as possible.

In order to support this, the provider should; a) people who need an altered texture diet are able to choose their preferences from the menu options where possible b) those who need assistance with their meals receive consistent support with this and interruptions are minimised c) menu changes are communicated to staff and residents before mealtimes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); and 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS1.23).

This area for improvement was made on 15 November 2022.

Action taken since then

We undertook observations of the dining experience across the home. Whilst the overall dining experience was positive, there was some variation in the quality of this aspect of support provided.

People were supported to make meal choices. However, there was one occasion when there wasn't a menu and staff themselves were uncertain as to what food was available.

The experience for people needing direct support in order to partake of adequate nutrition was also variable. Sometimes staff were distracted or required to provide assistance to other residents. This remains as an area for improvement.

Met

Previous area for improvement 4

The provider should ensure that any treatment or intervention that residents receive is safe and effective.

In order to do so, medication management should include; a) completion of protocols for medication given on an 'as required basis' should provide detailed information to help staff to determine if medication is needed and any actions to be taken or considered first b) where medication is administered by skin patches, accurate records should be kept to evidence that patches are checked in-between application and removal to ensure they remain in place c) the effectiveness of medication given on an 'as required' should be recorded d) medication should be stored in line with manufacturers guidance such as the temperature medication should be stored at.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that '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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

This area for improvement was made on 15 November 2022.

Action taken since then

There were fit for purpose protocols in situ for as required medication, with recordings showing the effectiveness of medication given on this basis. For medication to support people with stress and distress, the guidance made it clear for staff to first assess for pain. Notes were taken to document how people were following the medication and therefore how effective it had been.

There was improvement around the safe storage of medication, with air conditioned units now fitted in medication storage rooms. Room and fridge temperature recordings showed that this was effective.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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