

Gibson House Care Home Care Home Service

Gibson House
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Telephone: 01334 474665

Type of inspection:
Unannounced

Completed on:
7 June 2024

Service provided by:
The Gibson House St Andrews SCIO

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About the service

Gibson House Care Home is a Scottish Charitable Incorporated Organisation under the direction of a Board of Trustees. Residential care is provided in a two storey, listed building in central St. Andrews. The home has a long history which sits in attractive garden grounds and is within close walking distance of St. Andrew's town centre and all local amenities.

Gibson House is registered to provide care for a maximum of 33 older people in single rooms with shared bathroom facilities.

There were 29 people living in the service at the time of the inspection. Nursing care is provided by the Community Nursing Service. Respite and short stay support is offered on a bed availability basis.

About the inspection

This was an unannounced inspection which took place on 5 and 6 June 2024. The inspection was carried out by two inspectors from the Care Inspectorate and with support from our Inspection Volunteer. 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 eight people using the service and two of their representatives.
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents and
- reviewed care standard questionnaires from three people using the service, 20 staff and 10 relatives.

Key messages

- Staff were knowledgeable, caring and respectful.
- People living here were happy with the care they experienced.
- Management demonstrated effective leadership and communication.
- Relatives felt welcomed and happy with the care their loved ones experienced.
- Quality assurance systems were in place to identify and address areas for improvement.
- The building was out of date with limited opportunity for adaptation or improvement.

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 this key question as good, as the service demonstrated major strengths in supporting positive outcomes for people.

There was evidence of good practice and noted improvements since our last inspection. Despite challenges with building, we found everyone moving forward to support consistently good outcomes for people.

It is important that people experience warm, nurturing relationships with the staff who support them. We observed numerous examples of kind, compassionate and warm interactions which meant people were treated with care and respect. People told us staff and residents mix well and one relative wrote that their loved one was "very happy, far better than they had been".

The service aims and objectives clearly reflected the principles behind the Health and Social Care Standards and staff demonstrated their knowledge of how people were best supported even where they could not communicate their wishes directly. There was good oversight of people's likes and dislikes as well as health needs. From records, observations and discussions we found changes were made in response to changing care and support needs in order to keep people safe and maintain their health and wellbeing. Prompt referrals were usually made to health professionals meaning that people had the most appropriate health care at the correct time. This alongside the way staffing was arranged meant people experienced responsive care where possible.

We found care records were well presented, up to date and contained sufficient detail to guide staff in delivering day to day care. There were clearly efforts to ensure records were completed consistently and that person-centred care was being delivered. This meant records could guide staff in delivering and recording care and support that met people's wishes and assessed needs. We did identify some inconsistencies regarding some of the language used and the management of modified diets. **Please see Area for Improvement recorded under Key Question 5.**

It is important people benefit from prescribed treatments. We found good management and administration of medication. There was regular audit which provided oversight and assurance that any discrepancies could be easily identified and addressed. We observed safe administration, proper storage and good record keeping all of which meant medication was generally well managed and people were kept safe.

There were systems in place for recording and analysis of accidents and incidents, including appropriate actions taken to mitigate risk and keep people safe. Management used information about falls and other indicators to assess outcomes experienced by people, identify any themes or trends and take action in response to support treatments and result in improvements.

People should expect to be given help with eating and drinking in a dignified way and have their personal preferences respected. Mealtimes appeared to be busy but a calm and pleasant part of the day which many people looked forward to. People chatted to each other and enjoyed their meals together. Providing room service for people who chose to remain in their own rooms was well organised. People were encouraged and enabled to eat their meals independently, with the just the right level of support from staff, where needed. People enjoyed good quality nutritious food which contributed to people's health and wellbeing.

There was good oversight of weights, evidence of access to special or modified diets and plenty of drinks on offer. Residents told us they enjoyed their meals and people praised kitchen staff. Comments from people using the service included: "the food is fantastic".

We found people were supported to maintain contact with family and friends. Visiting was unrestricted and staff understood the benefits associated with maintaining relationships outside of the home. People held staff in high regard. Relatives said they were always made to feel welcome and that staff, key workers and management knew their loved ones well. This meant important connections with family and their involvement in decisions around care and support could be maintained.

Activities records provided evidence of a variety of group and individual activities that had taken place and had been thoroughly enjoyed. The activities coordinators were held in high regard and were keen to develop their expertise and further contribute to people's wellbeing.

It was evident from our observations and discussions with residents and staff, that management and staff know the people in their care, very well and that this helped mitigate the risk of isolation and distress while supporting high standards and effective communication.

How good is our leadership?

4 - Good

People should have confidence in management and leadership because quality assurance supports improvements in all aspects of the service. We evaluated this key question as good, as the service demonstrates major strengths in supporting positive outcomes for people. There was strong effective leadership and management knew people in their care, relatives and staff very well.

Quality assurance systems were in place and reflected self evaluation and improvement planning. The provider had systems in place to monitor service delivery to measure performance against their expected standards, policies and procedures. All of which supported high quality care and contributed to making and sustaining improvements across all aspects of the service.

We found good leadership that was committed to identifying people's strengths, maintaining their abilities and supporting their identity. Management and staff clearly demonstrated the principles behind the Health and Social Care Standards which meant people experienced a positive climate of care where they felt listened to and could influence day to day decisions. This also helped mitigate the risk of people feeling isolated or being distressed. That said, staff and management recognised the limits to the service provision and where compromise meant people may not always feel satisfied.

Staff reported feeling well supported because management were approachable and communication was effective. Staff told us they felt confident giving feedback and voicing their opinion and that they benefited from support and guidance in regard to their training and development. They felt well informed and kept up to date with changes. This meant there was a responsive approach to staff development, the delivery of care and a good awareness across staff teams of any risks or training needs. There was appropriate systems in place to manage concerns and complaints. All of which supported an atmosphere of openness where lessons could be learned and result in improvement and/or risk management.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. The quality of care and support is delivered by a well established staff team and where new staff could be well supported to develop their skills and maintain standards.

At this inspection we examined staff recruitment as part of our core assurances and focussed on assessing staffing arrangements. We found staffing arrangements were sufficient and staff worked well together. Comments from people using the service included: "staff are fantastic".

We found people using the service were protected by safer recruitment checks in place before staff took up post. Staff were confident and had been supported through induction. Agency staff were given sufficient orientation in order to support the people in their care.

Staff induction was comprehensive, systematic and could contribute to the individual's length of time on probation and future training. There was good oversight of staff E-Learning and staff benefitted from regular supervision. All of which meant people could be confident in the knowledge and skills staff had.

We recognised improvements in the way staff recorded information in support plans but highlighted the need to continue with improvements in language used to describe behaviours that challenge staff. This may have implications for discussion and consideration at routine staff supervision and training.

Staff were clear about their roles and responsibilities and felt confident and had the right skills and knowledge to support the people in their care. They reported feeling happy with the support from the provider and management.

We sampled staff rotas and spoke with staff. Most staff said that staffing levels had improved and that they could safely support people. Staff were visible throughout the home and quickly responded to people's support needs. Management had introduced a dependency measure which alongside the way staff were rostered meant staffing was flexible and could respond to changing demands.

How good is our setting?

3 - Adequate

People should experience an environment which is safe, well maintained and homely. We evaluated the quality of the setting as adequate and where there are strengths which just outweigh weaknesses.

We found that the environment was compromised by the age and design of the building and this continued to have implications for people with dementia and other cognitive impairments. As a result we have carried forward an area for improvement made at our last inspection.

We found proper arrangements for safety checks, servicing and maintenance. There was good housekeeping and infection prevention control measures all of which meant people could be kept safe. Maintenance and repair of people's individual belongings was prompt and there was a clear system to report and record daily issues.

People enjoyed spending time in the lounge and quiet sun room. The dining room was well presented, clean and safely managed at all times.

Rooms were generally personalised and the only issue raised was the lack of en-suite facilities and a reliance on commodes. We found that the environment also made managing unpleasant odours a challenge but all areas of the home was clean and tidy.

How well is our care and support planned?

4 - Good

Assessment and personal planning should reflect peoples needs, outcomes and wishes. We evaluated this key question as good, where key there were important strengths , with some areas for improvement to ensure people have consistently good outcomes.

Care records had improved. Personal plans were in place for individuals and included key contact details and outcomes for people. Support plans included clear detail and reflected people's wishes as well as their assessed needs. There were still some inconsistency in language used when describing behaviours that challenged staff this was discussed at feedback and and area for improvement is made. **See Area for Improvement 1.**

Risk assessments were in place and guidance for care staff was comprehensive. This meant people and staff could be protected from harm. We found reference material and assessment tools in place to support evidence based practice and monitoring of people's wellbeing. Examples included where skin integrity was at risk, people were at risk of weight loss and in managing falls. This meant appropriate changes could be made to mitigate risk and maintain health and wellbeing.

Although the service reviewed support plans, we found changes did not consistently result in them being highlighted in the body of the support plan. This was evident where people required a change that resulted in a modified diet. Risk was mitigated by good communication resulting from systems for handover and informing staff when they came on duty. Risk could be further reduced by ensuring formal systems to support communication and guide catering staff were in place. **Area for Improvement 1 Applies.**

Although improvements in record keeping were identified as ongoing, we were satisfied that remedial work to improve all aspects of record keeping was sufficient to support good communication and guide staff practice.

Areas for improvement

1. In order to support the health and wellbeing of people using the service the provider should:

- Continue to consider the language used throughout documentation and care plans and ensure it is respectful at all times.
- Ensure that where people are on special or modified diets, support plans are up-dated and information is easily available to guide and care staff and catering team.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I experience care and support where all people are respected and valued" (HSCS 4.3) 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)

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 consider developing the clinical oversight of the home and ensuring that improvement is supported by data collection and evidence.

This is to ensure that care and support is consistent with 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 7 February 2024.

Action taken since then

We found the manager had evidence of clinical oversight. Mainly regarding indicators of outcome experienced by people. These included weight monitoring, falls, incidence of pressure ulcers and treatment of infection. Records contained information about assessment, intervention and recovery which provided assurance about the quality of care and support and access to healthcare. All of which meant that improvement was supported by data collection and evidence. We can continue to monitor clinical oversight at our next inspection. Please see our area for improvement recorded under Key Question 5.

This area for improvement is **met**.

Previous area for improvement 2

The service should consider the language used throughout documentation and care plans and ensure it is respectful at all times.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I experience care and support where all people are respected and valued' (HSCS 4.3).

This area for improvement was made on 7 February 2024.

Action taken since then

Record keeping had improved Care plans were well presented and on the whole could guide staff and help to maintain a person's identity. Written entries were generally good but there was still improvements to be made around some language used in care planning and care notes to reinforce a positive culture of care. This was discussed at feedback and will be reflected in our area for improvement recorded under Key Question 5.

This area for improvement is **met**.

Previous area for improvement 3

In order to promote activity, orientation, independence and safety for people with dementia and other cognitive impairments, the provider should make appropriate changes to the internal environment. People living in the home and their representatives should be involved in consultation about the environment to ensure their needs and wishes are taken into account.

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 30 June 2023.

Action taken since then

Although we found the best was done with the existing environment and facilities to provide good care and support, the building did not meet the standards we would expect to be provided in a care home for older people and who may be living with cognitive impairment. This was discussed at feedback and as a result this area for improvement will be carried forward.

This area for improvement is **not met**.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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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