

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:
23 July 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 76 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 22 to 23 July 2024. The inspection was carried out by two 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 two people using the service
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Two requirements made at the last inspection have been met.
- Eight of ten previous areas for improvement have been met.

How well do we support people's wellbeing?

We completed a follow up inspection to measure the action taken in response to two outstanding requirements made at the last inspection. The requirements related to record keeping. Although both requirements have been met, there continued to be some inconsistencies in record keeping. This has been reflected in a new area for improvement (see area for improvement 1).

We have not changed the evaluation of this key question.

Please see the section of this report entitled 'What the service has done to meet any requirements made at or since the last inspection' for further information.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that people's daily care notes are completed consistently to demonstrate the care being provided.

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)

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

Requirements

Requirement 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).

This requirement was made on 22 February 2024.

Action taken on previous requirement

The documentation of nutritional intake for individuals had improved. Staff were completing detailed records of what individuals had consumed and whether they had enjoyed the options provided. This provided clear records of what individuals had eaten. Through sampling fluid intake charts, we found that these had also improved. The service had introduced checks by the nurse or senior care assistant at key points during the day. This allowed staff the opportunity to reassess care delivery and make changes when required. This helped ensure people received sufficient fluids. To improve the clarity of records, we asked the service to work with staff to have the balance included in these checks.

Met - within timescales

Requirement 2

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).

This requirement was made on 22 February 2024.

Action taken on previous requirement

The service had introduced staff training following the last inspection. Staff advised that they felt that this training was appropriate to their role and allowed them to reflect on their practice in this area. Overall, this had improved the record keeping. The service had also used recent staff meetings to highlight this area of practice. This ensured staff were clear about the expectations around record keeping.

Overall, record keeping had improved with more detailed accounts of care delivered. We saw examples of detailed entries which helped to continually evaluate people's experiences. However, some staff continued to rely on the pre-set options. We reflected this is a new area for improvement (see area for improvement 1, key question 1).

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

A newly appointed wellbeing coordinator was working hard to meet the needs and preferences of individuals. The service had a structured weekly activity plan in place. This included 1-1 opportunities, arts and crafts, music based activity and external events. We heard how this was based on individual preferences and some changes were due to take place following consultation with individuals. Individuals were supported to celebrate special events.

This area for improvement has been met.

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

The service had a service improvement plan in place. This was being updated routinely. There was little evidence that others had been involved in the process. The service had introduced suggestion boxes, resident/relative meetings and staff meetings. We discussed how these forums could be used for sharing and seeking views for the service improvement plan.

This area for improvement has been 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

There was an overview of six monthly reviews. We identified some outstanding reviews and we could not be assured that these had taken place.

This area for improvement has been repeated.

Previous area for improvement 4

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)

This area for improvement was made on 6 April 2023.

Action taken since then

We sampled recent staff recruitment files. We found that the service had followed best practice guidance when recruiting new staff. Appropriate pre-employment checks had been undertaken prior to new staff commencing employment.

This area for improvement has been met.

Previous area for improvement 5

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 is in order to comply with:

Health and Social Care Standard 3.19: "My care and support is consistent and stable because people work together well."

This area for improvement was made on 3 January 2024.

Action taken since then

Through sampling daily notes for individuals, we found that the service routinely updated representatives with any changes to the health and wellbeing of their relative. This included routine appointments, emergency appointments and adverse accidents or incidents.

This area for improvement has been met.

Previous area for improvement 6

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 is in order to comply with:

Health and Social Care Standard 1.13: "I am assessed by a qualified person, who involves other people and professionals as required."

This area for improvement was made on 3 January 2024.

Action taken since then

The service had enhanced the quality of record keeping when health needs had changed for individuals. This resulted in robust record keeping regarding the presenting concerns and the actions taken to address this for individuals. This included the communication and involvement of external professionals.

This area for improvement has been met.

Previous area for improvement 7

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 is in order to comply with:

Health and Social Care Standard 3.13: "I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me."

This area for improvement was made on 3 January 2024.

Action taken since then

We spent time with the individual responsible for sharing correspondence with those closest to the individuals living in the care home. There was a clear process in place which was based on people's preferred ways of receiving communication. This included forwarding directly to the person or the person collecting this from the administration building.

This area for improvement has been met.

Previous area for improvement 8

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 record should be kept of the checks completed on the equipment.

This is in order to comply with:

Health and Social Care Standard 1.22: "I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment."

This area for improvement was made on 3 January 2024.

Action taken since then

The service liaised with external professionals when required. This resulted in recommendations made to introduce equipment such as fall sensors to reduce the risk of falls for individuals. Staff spoke to us about the processes in place to monitor equipment. The electronic personal planning system was used to plan routine checks of equipment to ensure that this was used for individuals.

This area for improvement has been met.

Previous area for improvement 9

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

This is in order to comply with:

Health and Social Care Standard 4.21: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me."

This area for improvement was made on 3 January 2024.

Action taken since then

The service monitored complaints and concerns via an online system. We sampled a complaint record. We found that the service was operating in line with its own complaint policy. This had resulted in appropriate actions being taken to respond to and address concerns received.

This area for improvement has been met.

Previous area for improvement 10

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

This is in order to comply with:

Health and Social Care Standard 4.19: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

This area for improvement was made on 3 January 2024.

Action taken since then

The service monitored complaints and concerns via an online system. We sampled a complaint record. We found that the service was operating in line with its own complaint policy. This had resulted in appropriate actions being taken to respond to and address concerns received.

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.

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