

Gowrie House Care Home Care Home Service

18-20 West Albert Road
Kirkcaldy
KY1 1DL

Telephone: 01592 597 066

Type of inspection:
Unannounced

Completed on:
9 August 2024

Service provided by:
Gowrie Care Limited

Service provider number:
SP2020013482

Service no:
CS2020379154

About the service

Gowrie House Care Home is a nursing home for up to 60 older people. The home provides long term care, intermediate care and ad-hoc short stay respite care for older people including those with physical frailty and/or dementia. It was registered with the Care Inspectorate in August 2020 and the provider is Gowrie Care Ltd a member of the Belsize Group.

The home has three storeys and is situated in a quiet residential area of Kirkcaldy, close to local amenities. There is a private carpark to the rear of the home.

Accommodation is provided in single occupancy bedrooms, each with en-suite facilities, over three floors and six units. There is an enclosed garden with direct access from the lower floor and a variety of pleasant communal sitting and dining areas.

There were 54 people living here during our inspection.

About the inspection

This was an unannounced inspection which took place on 6 and 7 August 2024 and between 10:00 and 18:30. 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 seven of their family
- six people using the service and seven of their family, shared their views via questionnaires
- spoke with 13 staff and management
- 13 staff shared their views via questionnaires
- observed practice and daily life
- reviewed documents
- three visiting professionals shared their views via questionnaires.

Key messages

- People were cared for by staff who treated them with kindness and knew them well.
- Management and leadership were stable, effective and held in high regard.
- Required improvements had been made and quality assurance systems were in place to address areas for improvement, including record keeping.
- The home was clean and well maintained.
- Relatives felt welcomed and involved.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support 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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People's health care needs were looked after by a confident team of nurses and senior carers. The team worked together to ensure consistent care throughout the week and across each shift. A printed handover sheet gave clear summaries of key information. This meant that staff could easily update themselves of any changes to people's needs or presentation. When new or agency staff were on duty they had essential information readily to hand. People commented positively about the staff members who cared for them. One person said, "I haven't met one yet that I don't like". Relatives were confident in the care being provided and some commented on the feelings of warmth and love which they felt were evident in the home.

The service undertook a daily flash meeting in which clinical concerns were discussed. This complimented a variety of oversight tools which monitored people's health needs. This included, consideration of people's weight, any wounds or pressure concerns and analysis of falls and accidents. This gave reassurance that there was strong oversight of people's changing needs and that prompt action could be taken to address them.

People enjoyed relaxed and calm mealtimes which were facilitated by a 'hostess', who ensured a seamless service of both food and drinks. This extended throughout the day in the largest unit of the home. People appeared to be appreciating the food they received. One person said, "I'm really enjoying this". The mealtime audit which the service regularly undertake was comprehensive and included the way that people's choice and preferences were promoted. The service could build on the strengths which they currently have to ensure that the high standard of mealtimes is consistent across the whole home. Adapted diets were correctly produced for those who required them. Further work on the presentation of these meals would be beneficial to ensure they are of the highest standard.

People could engage in a variety of both group and individual activity throughout the day. The programme of events was clearly displayed and we saw several activities being enjoyed throughout the inspection. An electronic recording platform ensured that people who did not regularly attend group activities were not overlooked. The system could alert staff to periods when people had not had attention or interactions and they would take steps to address this. People commented positively on their experience within the home. One gentleman said, "I'm delighted to be here".

A specific medication issue was identified during the inspection and the service were asked to complete an investigation into the cause of the anomaly. This was completed satisfactorily and we were assured that the situation would be rectified with immediate effect. There were no other concerns about medication management and we were confident that future issues would be picked up during the auditing process if they occurred.

How good is our leadership?

5 - Very Good

People who rely on registered care services should have confidence in those who provide and deliver their care and support.

We evaluated this key question overall as very good. We found significant strengths in the service delivery and support provided, which supported positive outcomes for people. There were few areas for development and a clear commitment to improvement.

We found very good leadership that was committed to maintaining people's comfort, abilities and identity. Management and staff clearly demonstrated the principles behind the Health and Social Care Standards. The manager was visible and held in high regard. People living there knew the manager and we observed them responding positively to the manager. The management team were motivated and committed to driving improvement and development within the home.

Staff told us they felt confident giving feedback and voicing their opinion. They felt comfortable communicating with management. They benefitted from support and guidance in regard to their training and development. Comments included, "I would say that we are a happy family". Relatives reported having confidence in management and staff about the benefits of good communication with all staff. Comments included, "Staff are excellent. Very caring and keep me informed about mums health and wellbeing. The management team are approachable and easy to communicate with".

There were systems in place for recording and analysis of accidents and incidents, including appropriate actions taken to mitigate risk and keep people safe.

There were robust quality assurance systems in place to audit a variety of areas including, medication, care planning and staff training. We found there was an opportunity to look at the way existing audits could be used to provide assurance in the period immediately following admission. **(See Area for improvement 1)**

Areas for improvement

1. To ensure people experience responsive care and support, the provider should ensure that audit processes are effective in identifying areas for improvement during the first days and weeks following admission. To do this, the provider should review audit tools and processes.

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).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of staffing and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff did not start work until all the necessary pre-employment checks had been completed. The manager had effective systems which provided an overview of staff details, including renewal dates for mandatory professional registrations. At the time of inspection, the care home had a stable staff group who reported feeling supported and valued by the management team. Staff received regular supervision and management were developing a personalised training plan for individuals. By providing opportunities for people to develop their knowledge and skills this supports staff being able to provide person centred care and supports good outcomes for people.

We observed good team working over the course of the inspection. Staff were confident in their roles and this contributed to a positive atmosphere within the home. Residents and their families held staff in high regard and their comments included, "Positive - Wonderful staff team - carers, cleaners, laundry team, activity coordinators, pastry chef, management, maintenance" and "All members of staff are well trained and look after my relative extremely well. I am treated with a great deal of friendliness and am kept well informed regarding my relative's care". This reflects a positive atmosphere and can help people approach staff and management when they have any issues with staffing or any aspect of the service with a view to directing improvements.

We observed good staffing in terms of numbers and skill mix. We sampled the duty rosters and looked at the tool the manager used to assess service user dependency. Staffing levels and deployment took into consideration the layout of the home and the demands of the day to day routine as well as the assessed care and support needs of those living in the home.

Management had good oversight of staffing. Staff told us that the management team were supportive and responsive of any concerns or issues raised. Staff received supervision and were supported to attend a mixture of online and in person training which they valued. The management team carried out regular direct observations of staff practice which informed any areas for development. Staff told us they felt confident because communication was good and they were trained and supported by management to fulfil their role and responsibilities.

We observed a motivated staff team who demonstrated care with kindness. This was confirmed by people and comments included, "Mum is treated with genuine affection".

How good is our setting?

5 - Very Good

We evaluated this key question as very good. People benefit from a comfortable, welcoming environment with plenty of natural light and space. The home was clean, tidy and well maintained.

The home had a relaxed welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed company in sitting areas, whilst others preferred to be in their own rooms. We found very good use of the available communal areas and feedback from residents and relatives was very positive. Comments included, "The home has been redecorated and major improvements have been made in the last few years" and "A lovely homely feel to the home with views out to the gardens". One area for improvement frequently identified was, "getting out more" with many residents requiring staff assistance and supervision to support their mobility and ensure safety. We found people benefitted from current provision of activities and entertainment but there was an opportunity for further service development. **(See Area for improvement 1)**

The home was in need of some redecoration but we found the home to be bright, clean, spacious and well maintained. Bedrooms were spacious and residents told us that they were encouraged to personalise them. We noted that there was some good signage around the home and at a height that residents could easily read.

Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. Care equipment, such as bed mattresses, bed rails and shower chair, were cleaned regularly and following current practice guidance.

Equipment was maintained well, with safety checks being carried out at planned intervals. This helped to ensure people were safe and enjoyed a pleasant home environment.

Areas for improvement

1. To promote wellbeing and support people's needs and wishes, the provider should evidence people's access and use of outdoor space contributes in a meaningful way to how they spend their time. This should include people who experience advanced physical and/or cognitive impairment.

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

How well is our care and support planned?

4 - Good

We evaluated this key question as, good. Where there are important strengths which outweigh areas for improvement.

Assessment and personal planning should reflect people's needs and wishes. We found that care plans held a good level of detail with which to guide care. Plans were clearly individualised and had involved people and their families in their development. Most plans included a 'life story' section where staff could familiarise themselves with people's past lives, hobbies and interests. This provided an important background to care. Although plans were reviewed regularly and families were involved, it was not always clear what actions had been taken when issues were raised. A clearer process of recording which actions would be taken and when they had been completed would be beneficial.

Plans showed that key professionals from the multi-disciplinary team were involved in people's care. Referrals were made promptly and care was adapted on the advice which was received. Support plans covered all aspects of care and it was clear that recognised assessment tools were used throughout. This gave assurance that personal plans were based on clear information gathered during regular assessment.

Further development was required in the recording of episodes of stress and distress. This is especially important when as required medications are in use. The service was not clearly recording all episodes of stress and distress, and these were not always linked to the times when 'as required' medication was given. This made it difficult to assess whether support was being given in a consistent way. Care plans to guide care during stress and distress episodes would also benefit from more attention. These should be clearly linked to the protocols for 'as required' medication and give robust detail as to known triggers, wider considerations and the presentation of the individual which might prompt medication to be required. An area for improvement is made. **(See Area for improvement 1)**

Areas for improvement

1. To promote responsive care and ensure that people experience the right care at the right time, the service provider should ensure that care plans provide clear direction to guide staff.

Plans should clearly outline the support required to deliver effective care in reducing stress and distress. Where 'as required' medications are part of stress and distress care, there should be clear guidance to their use. All incidences of stress and distress should be thoroughly recorded in order to assess the effectiveness of interventions and identify any potential staff training needs.

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

The provider must make proper provision for the health, welfare and safety of people using the service.

In particular, the provider must:

- a) Ensure the risk of falling is undertaken on at least a monthly basis, following each fall experienced and when the resident's needs change.
- b) Ensure fall prevention care plans fully reflect the risk of the resident falling and are reviewed at least monthly, following each fall experienced and when their needs change.
- c) Ensure fall prevention measures are reviewed following each fall and consideration is given to additional or alternative measures.
- d) Ensure all falls are subject to accident reporting and appropriate oversight and auditing is in place to identify and analyse trends.
- e) Ensure record keeping is legible to enable accurate information sharing.

To be completed by: 25 October 2023

This is to ensure care and support is consistent with the 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 24 August 2023.

Action taken on previous requirement

From support plans sampled we found monthly falls risk assessments had been carried out and/or reviewed. We found accident and incident records reflected a review process to identify and record action taken when someone suffered a fall, which considered how to mitigate risk.

We found good sharing of information and clinical oversight was supported by staff knowledge of the people in their care, which allowed them to recognise significant change in an individual's presentation and consider the possible impact of health issues. Clinical oversight was also supported by good day to day leadership and handovers.

Good management oversight was evident in the audits carried out as part of the provider's quality assurance.

All records sampled were legible and could support accurate information sharing.

This requirement is met.

Met - outwith timescales

Requirement 2

The provider must make proper provision for the health, welfare and safety of people using the service.

In particular, the provider must:

- a) Ensure residents' needs in relation to hydration are fully assessed prior to or on admission to the service.
- b) Ensure the risk of dehydration is fully reflected in the care plan and ensure the care plan fully describes the hydration needs of residents.
- c) Ensure adequate monitoring of residents' fluid intake on admission to establish a baseline.
- d) Ensure adequate monitoring of residents' fluid intake during periods of ill health and poor fluid intake.
- e) Improve communication systems between staff to ensure better information sharing regarding those residents at risk of dehydration.

To be completed by: 25 October 2023

This is to ensure care and support is consistent with the 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 24 August 2023.

Action taken on previous requirement

Sampled records included sight of pre-admission proforma and completion was sufficient to inform staff about how to support people's hydration. Staff demonstrated a good level of awareness regarding the risk of dehydration and reported this was often a routine area for assessment where people were cognitively impaired or frail.

The activities of living style of record keeping included sufficient detail and data collection seen in supporting documents sampled, were completed to a good standard.

As recorded under falls requirement staff knowledge and recognition of significant change in a person's presentation or possible impact of health issues, provided confidence in their ability to mitigate the risk of dehydration. There was good record keeping, oversight and communication.

We observed staff frequently offering and supporting people with a variety of drinks.

This requirement is met.

Met - outwith timescales

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.