

Gortanvogie Residential Home Care Home Service

Gortanvogie Road
Bowmore
Isle of Islay
PA43 7JB

Telephone: 01496 810 338

Type of inspection:
Unannounced

Completed on:
20 August 2024

Service provided by:
Argyll and Bute Council

Service provider number:
SP2003003373

Service no:
CS2003000447

About the service

Gortanvogie Residential Home is registered as a care home for older people. This rural service is owned and managed by Argyll and Bute Health and Social Care Partnership.

The service is situated in Bowmore on Islay and the island's cottage hospital is housed in the adjacent building. There is some sharing of resources and access to facilities management for laundry, meals and domestic services.

Each room has its own on suite facilities. There is an open-plan dining room and lounge, as well as smaller quiet rooms available. Parking is available within the grounds.

The care home provides 24-hour residential care for up to 16 older people, this includes one place for short-term respite care. Nine people were using the service during this inspection.

About the inspection

This was an unannounced inspection which took place on 15 and 16 August 2024 between the hours of 9:00 and 17:30. The inspection was carried out by one inspector 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 four people using the service and two of their family
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The care home was visibly comfortable and clean with good infection prevention and control practices.
- Staff were good at responding to the changing needs of people who lived in the care home.
- Some care home staff use Gaelic language and could converse with people in their native tongue.
- To ensure knowledge of up to date practice and theory staff should have better opportunities for training.
- The service should improve quality assurance systems in order to support improvement.
- The service is currently operating with a maximum of nine people using the service (plus one short-term respite care). This is due to difficulties with staff recruitment and its rural location.
- As part of this inspection, we assessed the service's self-evaluations of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - 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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a comfortable and relaxed atmosphere between staff and people living in the care home. Staff were seen to be compassionate and caring towards people, and we saw that people enjoyed their relationships with staff. This caring and friendly approach was also apparent with loved ones who came to visit. People visiting made positive comments about the care their loved ones received and were happy and satisfied that their needs were being met. One person told us that "my (name) is well looked after, they know all the staff, as we do too. It makes it very easy for us to approach staff or management if there is anything we want to discuss or are unsure off". When we spoke to someone living in the care home, they told us "This is my home and I'm very comfortable here, staff look after me well and I wouldn't choose to be anywhere else".

We spoke with the manager and staff independently. They openly discussed the staffing challenges they faced daily, and the impact that it had on them being able to achieve the best outcomes for people. They would like to have more time to spend with people, but insufficient staffing levels did not allow this. Staff had to be task focused which meant their time was taken up by delivering personal care or dealing with medications and administration.

The care home has a minibus available for outings, but outings were very limited. There were activities identified to take place each day, but they often could not take place, again due to insufficient staffing levels. To improve people's personal wellbeing they should have opportunities to be actively involved in events throughout the day. (See Area for Improvement 1).

We did see that the manager had been able to contact local community groups and arrange some input and entertainment for people.

People had access to a safe and secure garden area that was well furnished and had a variety of plants with different textures and colours. There were two doors at either end of the building that allowed free access to the garden area and people used these as they saw fit. This is important as having freedom of access and outdoor space can improve people's wellbeing.

Meals were provided from the kitchen of the hospital next door. We saw that there was a choice of food, meals were of good quality and most people enjoyed them. If people did not want anything from the menu, then there were other options that could be made in the care homes own kitchen. Some people chose to eat in the dining room and others ate in their bedroom. With the exception of those who were bed bound it was personal choice on the day where they would eat. There was also an accessible area in the care home where people had easy access to drinks and snacks at any time, as well as fresh fruit displayed and available each day.

We saw that staff administer medication correctly and safely. This is achieved by using original packs of medicines for named individuals. This is seen as best practice to ensure the safety of people using services, They also use "as required" medications for people and record these in the correct way.

The service has very good access to external health professionals as they are based in the hospital next door. Community nurses are in the care home most days and are very quickly able to follow up on any medical interventions required. We saw this in action when a person became seriously ill. The manager was

able to liaise very quickly with external health professionals and as such was able to take actions to ensure the persons comfort.

Feedback from external professionals confirmed to us that staff understood people's health needs and were confident about communicating changes and seeking support where required. This helped to ensure people's healthcare needs were well met by the service.

Areas for improvement

1. The provider should offer regular person-centred activities appropriate for each resident. The programme should promote the choices and aspirations of each resident. Resident involvement in activities should be recorded in an outcome focussed way to enable evaluation of the activity.

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses in the service.

Managers should have good quality assurance processes in place to ensure good oversight of what is going well and what needs to be developed further in the care home.

There has been a new manager in place since the beginning of 2024. The manager had identified several areas where improvement was required. However, audits have not been carried out as they have not yet had the time, or the appropriate support, to allow them to implement these improvements. (See Requirement 1).

We saw that the manager is dealing with the shortage of permanent staff and is currently looking at ways to recruit. Some of the plans to rectify this have already been initiated, but have not yet come to fruition.

Staff have recently begun to have supervision. It's important that supervision contains time for staff to reflect on their practice, as well as opportunities to discuss staff professional development and training. Whilst we were told this does happen we were unable to see it in the recordings of supervision meetings that had already taken place.

The manager had recognised the lack of updated training for staff. This was in both mandatory and developmental training. There was limited evidence of analysis of staff training or development needs. We had difficulty tracking the training staff had completed or when refresher training was due. This included mandatory training such as Adult Support and Protection (ASP) and medication training. (See Area for Improvement 1 in "What the service has done to meet any areas for improvement since the last inspection"). We have now incorporated this in a new requirement. This lack of training meant we could not be assured that people were supported by staff who had undertaken sufficient training to meet their needs and protect them from harm or abuse. (See Requirement 2).

Managers should carry out observation of staff practice, which then needs to be discussed and recorded. Though this was being carried out informally by the manager and senior workers there was no evidence available to show that this had been taking place. This practice ensures that managers are aware where individual staff require to develop their skills and knowledge. If required it can be addressed immediately or

it can be discussed at supervision sessions. This ensures that staff have the knowledge and ability to provide the best care for people.

The manager had arranged team meetings that staff attended. We saw that these contained good information of changes that would have to take place in the service. There was also explanation of reasons why. We saw from these meetings that staff understood the need for change and there was dialogue between staff and management giving positive feedback. This will allow the changes to be implemented.

Medication audits had not taken place within the service. However, there was an up-to-date audit that had been carried out by the Pharmacy and this showed that the service made good recording and good outcomes for people.

We saw that there was a service improvement plan in place as well as a service action plan. The manager has already been able to work through several areas of both plans. However, will need to update this more regularly. The service improvement plan should also show feedback from families and people using the service and what they consider needs improvement.

People we spoke to, including staff, visitors and those using the service had seen some positive changes take place in recent months. They put this down to the new manager being in post and felt that she was very approachable, keen to listen, and well informed.

Requirements

1. By 2 December 2024,

The provider must ensure that appropriate audits are carried out within the service. This is to ensure a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

To do this, the provider must, at a minimum:

- a) ensure an assessment of the service's performance is completed through effective audit systems;
- b) ensure where areas for improvement are identified through audits, action plans are put in place and implemented.
- c) ensure all staff are accountable for and carry out the required remedial actions set out within action plans.

This is to comply with Regulation 4(1)(a) (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 that 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 comprehensive and transparent quality assurance processes' (HSCS 4.19).

2. By 2 December 2024,

The provider must ensure people experiencing care receive support from staff with sufficient skills and knowledge.

To do this, the provider must, at a minimum:

- a) ensure training needs of all staff are assessed.
- b) ensure a comprehensive plan of training is developed and delivered. This must include, but not limited to,

Adult Support and Protection, Infection Prevention and Control, Dementia Care and Medication.

c) ensure the training plan is reviewed to reflect the ongoing training required to equip staff to meet the individual mental and physical health needs of people experiencing care.

d) ensure there is a programme in place for observation of staff practice and supervision where this can be discussed.

This is to comply with Section 7 and Section 8 of the Health and Care (Staffing) (Scotland) Act 2019

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which 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' (HSC 3.14).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses in the service. Staff clearly worked hard, but due to staff shortages and lack of staff training they were not always able to achieve the best outcomes for people.

We saw that staff communicated well with each other, as well as with external professionals. Daily handovers were written by staff and discussed at each change of shift. This helped to ensure that all staff knew how people were and what extra support they may need on that day.

While staff had been waiting for new management to be appointed they had taken on responsibilities that were not within their role. This had been helpful in ensuring that the care home could still operate. However, this had led to some misunderstandings about who should be doing what. The manager had since held a discussion with the team around staff roles and responsibilities. This ensured that staff knew the limits of their role and the expectation that they would perform to highest standard.

There were no staff employed or identified to carry out specific activities with people. The care staff had to try and fit this into their day and sometimes they had some difficulty in doing so. We saw that it depended on the time taken on needs of individual people receiving care, as well as the number of staff on duty. (See Area for Improvement 1 in "How well do we support people's wellbeing")

There were a significant number of agency and bank staff used by the service. Agency staff were, in the main, experienced in providing care, and had knowledge of the care home. However, consistency in numbers or preferred individual agency workers could not be guaranteed. This often led to extra pressure for permanent staff, and the manager, to work extra hours and meaning that they were not always able to enjoy their rest periods.

Recent recruitment of staff had been carried out correctly with references and criminal background checks in place. Staff are all appropriately registered with the Scottish Social Services Council, which is a regulatory body for staff who work in social care.

How good is our setting?

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 care home is well presented and laid out. There is easy access throughout as it is all on one level. The front door entrance is safe and secure, and this prevents unknown people from entering the service. All other exit doors are appropriately alarmed, and the garden entrance doors have freedom of access.

Each area is clean and kept tidy with local information, photographs and paintings placed on the walls throughout. Rooms are personalised to people's taste, with most people bringing in their own pieces of loved furniture.

There were different areas within the home where people could go to feel comfortable or relax. The open-plan dining room/sitting room was most popular, but there was also a smaller sitting room and a quiet room that had patio doors out to the garden. There are comfortable sitting rooms available for people and the open-plan dining/sitting room can be used for any group activities that take place. There is an open and pleasant outlook onto the countryside from most windows in the service.

Cleaning duties are carried out by domestic staff from the hospital next door, and this is completed daily. All Infection Prevention and Control measures are carried out effectively.

We saw maintenance records in place for various areas throughout the care home. These included testing of equipment, repairs to fixtures and fittings. There were also up to date fire records for fire safety equipment and procedures as well as fire risk assessment in place. This meant that people could be assured that they were safe within the care home.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should be confident that their personal plan clearly sets out how their needs will be met, and that it guides staff on how best to support them based on accurate information.

Every person in the home had a personal plan in place, and each contained all of the relevant information on their care and support. They contained necessary legal information on people's capacity, Power of Attorney and Guardianship. It was not always easy to find some information, as different areas of the plan were kept in different folders. Peoples full care plan should be kept together as this allows people to see the full picture of the person. (See Area for Improvement 1).

Each part of the plan contained current, detailed and accurate information to support staff when providing care and support. This included information on people's daily routines and their desired outcomes, as well as what was important to the individual. We saw that assessment of different risks for individuals were present, for example falls, nutrition, fluid intake and output, and skin integrity. This meant that staff could be fully aware of the risks for individuals, as well as how to mitigate them.

Formal reviews of people's plans had taken place. People were consulted about their own plan and their personal wishes and outcomes were included in the updated plan. We also saw that families and loved ones were involved and consulted in reviewing the plan. Staff discussed future anticipatory care planning with people, or their representatives, and this was recorded in the plan. If people did not wish to discuss future plans, then that was also recorded.

We saw that NHS health professionals (nurses, G.P's, occupational therapists) also had an input into reviews, plans and daily notes for people. The recordings by health professionals were made easy to identify and were well accessed by care staff. This meant that staff had the most up to date knowledge on people and were able to follow through on guidance or instructions from health professionals.

The manager had recently put into place a specific room for palliative care. This meant that people could be comfortable and always have their loved one's present. This was a compassionate act that ensured peoples dignity and care at end of life.

Areas for improvement

1. The provider should ensure that information on people's needs and care are all kept together. This is to ensure that carers and health professionals can easily access different areas of the care plan and see what actions are preferred by the person in support.

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

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

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 provider should implement the use of original packs of medicines for named individuals as the preferred option of supplying medicines in the absence of a specific need for a Medication Compliance Aid (MCA).

This should include;

- a) appropriate training for staff, so they can administer medicines from original packaging in line with good practice guidance,
- b) clear evidence of 'as required' medications administered including and appropriate records of the outcome,
- c) access to a pain assessment tool,
- d) the use of Certificates of Incapacity under Section 47 of the Adults with Incapacity (Scotland) Act 2000 and treatment plans where required.

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

'If I need help with medication, I am able to have as much control as is possible' (HSCS 2.23) 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 5 October 2022.

Action taken since then

The service has made good progress in Certificates of Incapacity under Section 47 of the Adults with Incapacity (Scotland) Act 2000 being available in each care plan. Medications are now administered in the correct fashion, as well as "as required". We could not see training that had taken place to support this. We discussed a pain assessment tool and the Health and Social Care Partnership (HSCP) will provide one to the service.

This Area for Improvement is no longer in place and has been incorporated into a new requirement in Key Question 2 "How good is our leadership".

Previous area for improvement 2

The provider should review assessments relating to the use of the 'Malnutrition Universal Screening Tool' (MUST) to ensure accurate calculations. Access to regular training will help to ensure the tool is understood by all staff. Residents at risk of losing weight should be identified to ensure appropriate referral to a dietitian based on accurate evaluations and assessment.

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

'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 5 October 2022.

Action taken since then

Staff have received training in the use of the 'Malnutrition Universal Screening Tool' (MUST). We saw within plans that staff were recording MUST outcomes and using the tool correctly. This ensured that staff could see who was losing weight. When there were concerns over weight loss we saw that referrals had been made to the Dietician.

This Area for Improvement has been met.

Previous area for improvement 3

Waste management arrangements should be reviewed. The service is producing hygiene and other waste in excess of levels for a domestic waste stream. The Scottish Environmental Agency (SEPA) advise specialist waste arrangements may be required when a care service is routinely producing in excess of 7kg of hygiene waste per uplift (including PPE). The service should undertake a risk assessment and discuss their waste management arrangements with Health Protection Scotland and waste specialists.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS) 4.11 4.

To ensure the safe management of linen the service should review:

- a) the provision of coloured linen trolleys as per national guidance,
- b) the correct identification of and categories of linen,
- c) the process for the collection, storage, sorting and transportation of used and infected laundry,
- d) the position of the tumble dryers in the laundry to minimise processing risks between used, infected and clean linen,
- e) staffs understanding of the guidance for the laundering and thermal disinfection of linen.

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

'I experience high quality care and support based on relevant evidence, guidance, and best practice' (HSCS 4.11), and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22).

This area for improvement was made on 5 October 2022.

Action taken since then

We saw that the service now had the proper linen trolleys in place and that staff were aware of the different categories of linen. Staff were aware of how to collect and transport infected linen and the laundry had the appropriate equipment and space to allow them to deal with laundry effectively.

The manager had also contacted The Scottish Environmental Agency (SEPA) to discuss the level of hygiene waste from the care home and it was agreed that in normal circumstances they met levels that did not require special uplifts. In the case of any severe infections throughout the service they will have the correct bagging in place to allow special uplift.

This Area for Improvement has been met.

Previous area for improvement 4

The provider should ensure people benefit from a service which maintains quality assurance management systems for all aspects of the service. Management should ensure information is gathered from audits, meetings and surveys and used to improve practice. Examples of quality assurance systems should include for example: - visions and aims, - roles and responsibilities, - key policies and procedures, - staffing, recruitment, supervisions, observations, and appraisals, - staff registration and training, - self-evaluation, participation, involvement, and feedback, - service improvement planning, - information management and archiving. Regular auditing schedules should cover all aspects of service delivery and include for example: - care planning, - health, and care key performance indicators (KPIs) such as wounds, falls, pressure care, waterlow, MUST, nutrition, and legal status, - infection prevention and control and environmental checks, - accidents, incidents, and notifications, - medication management, - financial management, - complaints and concerns, - maintenance, - other reports and records.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19), and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 5 October 2022.

Action taken since then

We saw that the new manager had identified that no quality assurance audits had taken place. They now have an adequate system in place in order to carry these through. However, this has not yet taken place.

This Area for Improvement is no longer in place and has been incorporated into a new requirement in Key Question 2 "How good is our leadership".

Previous area for improvement 5

Training for all staff including Infection Prevention and Control (IPC) training should be specific to staff roles in order to protect the health and welfare of people experiencing care.

To do this the service should:

- a) provide specific training for staff as per job role
- b) ensure staff are supported to access statutory and mandatory training
- c) develop an accurate overview of completed statutory and mandatory training

d) undertake regular audits, staff supervision, and competency assessments to evaluate training and inform learning development plan.

e) review professional registration with Scottish Social Services Council (SSSC) to ensure staff are appropriately registered in line with designated roles and responsibilities.

This is to ensure that accountability, governance and care is consistent with Health and Social Care Standards 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).

This area for improvement was made on 5 October 2022.

Action taken since then

There has been progress made on professional registration with the Scottish Social Services Council (SSSC) to ensure staff are appropriately registered in line with designated roles and responsibilities. However, the other areas of the AFI have not been progressed, which are:

a) provide specific training for staff as per job role

b) ensure staff are supported to access statutory and mandatory training

c) develop an accurate overview of completed statutory and mandatory training

d) undertake regular audits, staff supervision, and competency assessments to evaluate training and inform learning development plan

This Area for Improvement is no longer in place and has been incorporated into a new requirement in Key Question 2 "How good is our leadership".

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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.