

## Golfhill Care Home Care Home Service

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Dennistoun  
Glasgow  
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**Type of inspection:**  
Unannounced

**Completed on:**  
16 April 2025

**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 78 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 16 April 2025, between the hours of 07:45 and 15:30. 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 four people using the service and one of their relatives
- spoke with eight members of staff and two members of the management team
- observed practice and daily life
- reviewed documents.

## Key messages

- Work had commenced to improve the environment for individuals.
- Record keeping had improved within the service.
- Four requirements made at the last inspection have been met.
- One outstanding area for improvement has been met.

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

### Requirements

#### Requirement 1

By 06 January 2025, the provider must ensure that record keeping is improved to ensure an accurate record of care provided to people is being maintained. To do this the provider must, at a minimum, ensure:

- a) staff are aware of and follow service policy and procedure on record keeping;
- b) training/guidance is provided to staff on record keeping and their responsibility to maintain accurate records;
- c) family and professional communication records are fully and accurately maintained;
- d) a system of audit is used to monitor compliance with best practice in respect of record keeping.

To be completed by: 06 January 2025

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: "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."

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 after a complaint investigation. We have extended the timescale for completion to 31 March 2025.

**This requirement was made on 9 December 2024.**

**Action taken on previous requirement**

The service had provided additional training for the staff team. This included face to face and refresher training around the record keeping policy and procedure. We found that the service had improved the recording of any engagement with wider health teams and discussions with those closest to individuals following these visits. The service had introduced individualised external professional personal plans. This helped to ensure that advice was taken forward to promote the health and wellbeing of individuals.

The service was routinely monitoring for compliance in this area.

This requirement has been met.

**Met - within timescales****Requirement 2**

By 06 January 2025, the provider must ensure that all complaints made to the service are investigated fully and that responses are issued in accordance with the complaints procedure.

To be completed by: 06 January 2025

This is to ensure care and support is consistent 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 is in order to comply with:

Regulation 18(3) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made after a complaint investigation. We have extended the timescale for completion to 31 March 2025.

**This requirement was made on 9 December 2024.**

**Action taken on previous requirement**

The service continued to have an appropriate complaint policy and procedure in place. Some staff had attended a workshop related to complaint management in partnership with the Care Inspectorate. We received positive comments regarding attendance and how this had resulted in improvement to staff understanding in this area. The service had an electronic overview of complaints and concerns. The service had received no formal complaints since the last inspection. We were able to review the content of a concern that had been received. Through sampling the electronic system, we were reassured with the documentation and response to this concern. The management team were continuing to monitor this area.

This requirement has been met.

**Met - within timescales**

## Requirement 3

By 31 March 2025, the provider must review staffing levels to ensure that there are sufficient numbers of staff deployed to support people's holistic needs. To do this, the provider must, at a minimum:

- a) review the assessed needs of people supported
- b) consider factors which may impact on staffs' ability to provide support
- c) include feedback from all stakeholders.

This is in order to comply with section 7 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 state that: "My needs are met by the right number of people" (HSCS 3.15).

**This requirement was made on 10 January 2025.**

### Action taken on previous requirement

The service completed resident dependency assessments. These were completed in partnership with a "quality matrix". This tool took into account any changes in peoples' health and wellbeing and how this may impact on staffing. The senior management team maintained an overview of dependency and staffing. We received positive feedback from staff regarding recent staffing levels in the care home. Staff felt that this had improved since the last inspection. Routine meetings allowed for open discussion about staffing.

Observations during the inspection further confirmed that staff were available to respond to the needs of individuals. We asked the service to continue to monitor staffing levels, particularly during the afternoons.

This requirement has been met.

**Met - within timescales**

## Requirement 4

By 31 March 2025, the provider must ensure that people experience an internal environment that is well-maintained. To do this the provider must but not be limited to:

- a) complete an audit of the home to identify areas in need of refurbishment.
- b) review the environmental improvement plan identifying appropriate timescales for completion.

This is to comply with Regulations 4(1)(a)(d) (Welfare of Users) and Regulation 10(a)(b)(c)(d) (Fitness of Premises) 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: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

**This requirement was made on 10 January 2025.**

**Action taken on previous requirement**

The provider and management team had completed a robust audit of the care home which identified areas requiring some refurbishment. This resulted in the environmental improvement plan being reviewed with clearer timescales for completion.

Individuals living in the care home and their relatives had been involved in the selection of aspects of the new décor. During the inspection we saw that an external contractor had commenced work in one of the units which included new wallpaper and fresh paint in communal areas. Updated dementia friendly signage and new furniture had been ordered which would further enhance the pleasant environmental changes. A robust assessment of locating appropriate directional signage had been undertaken and there were plans in place to commence work in the other two units.

This requirement has been met.

**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 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 23 February 2024.**

**Action taken since then**

An overview of six monthly reviews was in place. This was now being updated routinely to evidence the completed six monthly reviews and to plan for future reviews. This ensured people's current needs and preferences were discussed and recorded. Reviews that were able to be completed had taken place, in the appropriate timescale. This was reflected on the up to date overview tool.

This area for improvement has been met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



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