

Gortanvogie Residential Home Care Home Service

Gortanvogie Road
Bowmore
Isle of Islay
PA43 7JB

Telephone: 01496 810 338

Type of inspection:
Announced (short notice)

Completed on:
17 April 2025

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 en 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 a virtual follow up inspection which took place on 17 April 2025 at 11:00. 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 the manager of the service
- reviewed documents.

Key messages

- Quality assurance systems had been improved and identified service developments. Systems should continue to be developed and embedded into practice.
- Staff uptake of training had been improved and led to a more informed workforce.
- A training plan is in place, but would benefit from further development.

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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

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

The service had implemented quality assurance systems and named senior staff had been identified to carry out audits on a timely basis. Any improvements needed in different areas to ensure better outcomes for people had been recorded by senior staff. However, although action plans to make these improvements had been discussed and agreed with the whole staff team we could see that they had not been recorded as they should be. (Please see area for improvement 1.)

Staff were regularly accessing training via the NHS Turas system and the Argyll and Bute online training portal (LEON). All staff have identified hours allocated each month on their work rota where they access training. This training ensured that staff had more knowledgeable and understanding in areas of care and meant they could provide better support to people.

Individual training needs of staff were observed by the manager during staff observations of practice, as well as during group supervision and individual discussion. However, the recording of this information was not as clear or focused as it should be and was still not seen to cover Dementia awareness. (Please see area for improvement 2.)

Please see "What the service had done to meet any requirements we made at or since the last inspection" for further details.

Areas for improvement

1. In order to continue the improvement journey the provider should ensure that quality assurance is led well. This will ensure that people experience consistently good outcomes.
The registered manager should ensure that action plans are not only passed on verbally, but recorded and accessible to all care staff. This will ensure that the staff team know how to achieve the best outcomes for people.

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 robust and transparent quality assurance processes' (HSCS 4.19).

2. To ensure that people receive support from a confident and knowledgeable workforce the provider should ensure that Dementia awareness training is available for all staff.

The registered manager should ensure that each staff member has an individual training plan in place that is clearly recorded, accessible to them and identifies what each individuals learning needs are.

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

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

Requirements

Requirement 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).

This requirement was made on 19 August 2024.

Action taken on previous requirement

Effective audits had taken place and covered areas such as Health and Safety, mealtime and nutrition experience and medication audits. Named senior staff had been identified and were responsible for carrying out audits on a bi-monthly basis. They then collated these for each quarter. The information gained from audits was then fed back to the manager. Communication took place with the staff team around any improvement actions that were required in each individual area.

Staff consultation and meetings had taken place regularly and these were good opportunities to discuss action plans, as well as ensuring discussion around other continuous improvement within the service.

Action plans, although discussed with the team, were not recorded as well or as clearly as they should be. This requirement has overall been met, however an area for improvement has been made for the recording and implementation of action plans.

(Please see area for improvement 1 in "How good is our leadership").

Met - outwith timescales

Requirement 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 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' (HSC 3.14).

This requirement was made on 19 August 2024.

Action taken on previous requirement

Staff were regularly accessing training via the NHS Turas system and the Argyll and Bute online training portal (LEON). There was a comprehensive list of all staff, and the training that has been achieved to date. All staff had identified hours allocated each month on their work rota to allow time to meet their training needs. These hours are dedicated to training needs only.

A space has been made available within the care home where staff can have privacy to study, as well as have access to the technology they require. Training completed covered areas such as adult support and protection, Infection Prevention and Control, Health and Safety and Food and Nutrition. Dementia awareness has not yet been offered out to staff; however, it is part of the newly reviewed training plan that has been developed and almost completed.

Individual training needs were observed by the manager during staff observations of practice, as well as at group supervision and individual discussion. However, the recording of this information is not as clear or focused as it should be, to evidence staff development areas.

As such, although the requirement has been met, an area for improvement will be made regarding Dementia awareness training and the formal recording of training needs for individual staff members.

(Please see area for improvement 2 in "How good is our leadership")

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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.4 Staff are led well	3 - Adequate

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