

Gortanvogie Residential Home Care Home Service

Gortanvogie Road
Bowmore
Isle of Islay
PA43 7JB

Telephone: 01496 810338

Type of inspection:

Unannounced

Completed on:

18 June 2018

Service provided by:

Argyll and Bute Council

Service provider number:

SP2003003373

Service no:

CS2003000447

About the service

Gortanvogie is registered as a care home for older people. This rural service is owned and managed by Argyll and Bute Council.

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, facilities and staff.

The home provides a 24 hour care home service for up to 16 older people, which included one place for short term respite care. Fifteen people were using the service during this inspection.

The service's objective was: "To provide a homely and caring environment for the residents of Gortanvogie, enabling individuals to live as independently as possible, where the emphasis is to work with the residents as opposed to for the resident".

What people told us

People with a lived experience of this service spoke very highly of the staff, and the level of support they received. Some people made comments about the lack of activities within the home. Some examples of their comments included:

"We like it here, it is very homely, the staff are excellent."

"I get everything I need from the staff, the home is lovely."

"I would like to see more activities for the people that live here, my friend doesn't seem to do much, she needs more stimulation."

"My relative has been in Gortanvogie now for over 3 years, and what the staff have done for her is wonderful, compared to the last home she was in. They have so much patience with her and you can see by her smile she just loves them when they come to talk to her. I know she is well cared for in there."

"I could ask for nothing more. Care is amazing in all areas. Nothing is ever too much trouble for myself and visiting family."

"I would like to do more work in the garden to keep active, I love gardening."

Self assessment

We did not ask the service to submit a self-assessment prior to this inspection.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate

Quality of management and leadership

3 - Adequate

Quality of care and support

Findings from the inspection

Care plans should give clear direction to staff about how to deliver people's care and support, and should detail how their needs will be met. We reviewed various care plans in relation to how people spend their time within the home. We found that there was limited opportunities for people to participate in meaningful activities which is important to maintain their health and wellbeing.

Staff were aware of people likes and dislikes; however, the service should be more pro-active in introducing more choices into people's lives by offering the opportunity to participate in activities that promote their health and wellbeing both indoors and outdoors. See requirement one.

People who used this service should be confident that their health and wellbeing needs were being met. We saw that people could have been exposed to undue risk due to risk assessments not being in place. This was particularly relevant to people who had difficulty swallowing or mobilising. The service should be mindful of the negative outcomes for people if their risks are not effectively managed. See requirement two.

Subsequent to the inspection, the service made available information which was not available at the time of inspection and staff were unclear if the appropriate risk assessments were in place.

During the inspection process we were pleased to see that staff having agreed these assessments should be in place had done so before the inspection was concluded.

Staff were fully informed about residents past history, including their health and care experiences, this meant they could plan people's care appropriate to their needs and wishes.

Peoples weights were not being accurately recorded. Some charts did not have the persons name or date of birth. We could not see what the actions taken were, in the event that someone did not meet their set targets. Failing to record this information accurately would have an adverse effect on the level of care and support a person receives. Subsequent to the inspection, the service made available information which was not available at the time of inspection. The service has told us that people are weighed on admission and have Malnutrition Universal Screening Tool in place, we will continue to monitor this at future inspections.

Previous inspections had recommended that anticipatory care plans should indicate how each person and their relatives have been involved in decision making. We did not find evidence that this had been improved upon. We have directed the service to the new "My Anticipatory Care Plan" produced by Health Improvement Scotland and the Scottish Government. This will mean that people who use the service will have their wishes respected in times of critical illness. See recommendation one.

People should be supported to communicate in a way that is right for them, at their own pace and by people who are sensitive to their needs. We observed that staff showed great compassion and knowledge about the people they supported. Some had a very positive experience by staff promoting the use of Gaelic through song and conversation.

However the service should be mindful that should someone require a specific communication tool, that the staff should have the right skills and training to support this. This will mean that people who have additional support needs through communication will be able to express their needs and wishes, and also feel involved. See recommendation one, Quality of Staffing.

People should be confident that mealtimes are a pleasant experience, particularly if they required additional support with their meals. We observed that staff were supportive and compassionate. This was important in ensuring that people could enjoy their food in a setting which was relaxed and peaceful.

Previous inspections had recommended that people's experiences of mealtimes should be improved in order to promote meaningful choices. We found that the service had improved peoples access to menus and that visual choices were given during the service of food.

Requirements

Number of requirements: 2

1. People have the right to choose an active life. Clear plans should be put in place to improve the quality of life for people who experience this service.

The provider should introduce choices into people's daily lives by offering the opportunity of both indoor and outdoor activity which reflects their needs and preferences. This ensures care and support is consistent with the Health and Social Care Standards which state "I can choose to have an active life and be able to participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors". (HSCS 1:25)

This also complies with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210

Principles 3 "A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them".

Timescale - To be completed by 24 September 2018.

2. People who used this service should be confident that their health and wellbeing needs were being met and that any potential risks to their health should be identified, recorded, and managed effectively.

This ensures care and support is consistent with the Health and Social Care Standards which state "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm. (HSCS 3:21)

This also complies with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 5 Personal Plans.

Timescale - To be completed by 24 August 2018.

Recommendations

Number of recommendations: 1

1. Anticipatory care plans should indicate how each person and their relatives have been involved in decision making. This will ensure that peoples wishes are respected in times of critical illness.

This ensures that care and support is consistent with the Health and Social Care Standards which state "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)

Grade: 3 - adequate

Quality of environment

Findings from the inspection

People who experienced this service should have access to a high quality environment. We found that there was a mix of private and communal areas designed and adapted to suit their needs. However some residents told us that they would value the opportunity to have a bath, unfortunately there was no access to a bath within the home.

People should have the support to make choices in all aspects of their lives, and be able to access a range of good quality equipment and furnishings that meets their needs, wishes, and choices. See requirement one.

We found that people were very happy with their own bedrooms and the fact they could personalise their own space. This meant that people could decide on the furnishings and layout of their bedrooms, including bringing their own furniture and fittings where possible. This reminded them of their previous home life and helped them to settle within the home.

Previous inspections had recommended that that people who experienced this service live in an environment which enhanced their quality of life and be a pleasant place to live. We were pleased to see that the heating system had been repaired and peoples quality of life had been enhanced.

We observed that the home had carried out some refurbishment by decorating the dining area and the fitting of new curtains; this is an improvement from the last inspection. However, we still saw that there was excess furniture and clutter around the bathroom area. Having access to this area could increase the risk of slips, trips, and falls. People should experience an environment that is well looked after, tidy, and well maintained. See recommendation one.

We saw that a small garden area had been created to the side of the building. This was not accessible for residents unless they were supported by staff. People should be able to independently access facilities within and out with the home if they choose to do so.

Requirements

Number of requirements: 1

1. People who experience this service must be able to make choices in all aspects of their lives. This includes if they choose to have a bath or shower. The service must ensure that people who use this service have the choice to access a bath.

This ensures care and support is consistent with the Health and Social Care Standards - My support, my life; "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes, and choices". (HSCS 5:21)

This complies with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Principles 3 "A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them".

This also complies with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Fitness of premises 10. -(1) "A provider must not use premises for the provision of a care service unless they are fit to be so used". (2) Premises are not fit to be used for the provision of a care service unless they - (b) "are of sound construction and kept in a good state of repair externally and internally".

Timescale - To be completed by 24 September 2018.

Recommendations

Number of recommendations: 1

1. The home would benefit from some refurbishment to improve the homeliness of the care home. The organisation of the home needs improved and excess furniture and clutter needs to be removed. Choices of different types of seating and the lighting needs improved throughout the building.

This ensures that care and support is consistent with the Health and Social Care Standards which state "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5:22)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

People who used this service should have confidence in the people who are supporting them because they have been given appropriate training opportunities and support to meet their needs.

We saw that staff had limited opportunities for training which was specific to the needs of people using the service.

We found that some people had particular communication support needs that staff had difficulty in supporting them with. This meant that people could not express their wishes and feel valued. See recommendation one.

We were pleased to see that staff were open and honest, and supported the inspection process with confidence. They demonstrated knowledge, compassion and competence in their caring roles, however, required support in defining their own roles in the day to day management of the service in the absence of the manager.

People should have confidence in the staff that are supporting them because they have been trained, supervised, and supported to follow their professional codes. The service should ensure that staff receive regular supervision and have the appropriate qualifications for the role and duties for which they are employed to carry out. They should also ensure that all staff who need to be registered with an appropriate regulatory body have done so. This will ensure that people are kept safe, and receive consistent support. See requirement one.

We saw that people experienced warmth, kindness and compassion, however staff told us that they would like to do much more activities with people, and acknowledged their frustration at not being able to promote peoples choices, and provide more stimulating activities within and outside the home. See requirement one, Quality of Care and Support.

We reviewed the frequency of team meetings, and found that they did not take place very often. We discussed this as an area for development in order that staff can feel involved in the service improvement plan ensuring that care and support provided to people who used the service was consistent and stable, and that staff worked well together to meet the needs of people experiencing care.

People should be confident that they are being supported by a staff team who have been appropriately and safely recruited. We discussed the service's recruitment procedures with senior staff and were confident that people who used this service were kept safe.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. People who experience this service should be confident that the staff providing their support and care has the knowledge and skills gained from the experience of working with people who have similar needs to theirs.

The service should ensure that all staff have access to appropriate training to meet the needs of people who use the service.

This ensures that care and support is consistent with the Health and Social Care Standards which state "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)

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

Quality assurance and improvement continued to show little progress since our last inspection. We found that previous requirements and recommendations had not been achieved.

People who use this service should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. We found that some staff had failed to register with their appropriate regulatory body. This would have been identified if the service had an effective monitoring system in place for staff registrations.

Subsequent to our inspection the service made information available which was not accessible at the time of inspection. We will monitor this at future inspections.

People should be supported by a service that is well led and managed. Following any staff or house meetings with people, or audits that are carried out, the service should use this information to develop its quality assurance which would allow people to influence the direction of the service development of the service by having their views heard. See recommendation one.

Previous inspections had shown that there were no clear lines of accountability for staff in the event that the manager was away from the service. The provider should review the management arrangements within the service to ensure that the lines of staff accountability are clear.

The review should include consideration of the roles and responsibilities of the day-to-day and overall management of the service. See requirement one.

People's health and wellbeing benefited from the level of screening; care and support which was based on good practice. We observed people experiencing positive outcomes; however the service did not always capture how they had enabled people to get the most out of life and achieve their goals.

We discussed with the service that an area for development would be to seek ideas from their management colleagues in similar services in order to develop an outcome focussed personal plan.

This would ensure that they could effectively measure how successful they have supported someone to meet their outcomes during the care review process, and would lead to an appropriate quality assurance indicator.

Following a review of peoples care plans we found that in some cases, although a review had recently been carried out the previous review was recorded as one year ago. The service should ensure that if a review does not take place then they record the reasons why. They should also ensure that review dates are checked and accurately reflect when they were carried out. We will monitor this at future inspections.

Requirements

Number of requirements: 1

1. The provider should review the management arrangements within the service to ensure that the lines of staff accountability are clear. The review should include consideration of the roles and responsibilities of the day-to-day and overall management of the service in the event that the manager is off in line with the service staffing schedule.

The provider should also ensure that staff have the appropriate supervision, support and qualifications to carry out their role. They should also ensure that all staff who need to be registered with an appropriate professional body have done so.

This ensures care and support is consistent with the Health and Social Care Standards – My support, my life "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 complies with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 regulation 15, Staffing, "A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users – (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users; and (b) ensure that persons employed in the provision of the care service receive – (i) "training appropriate to the work they are to perform; and (ii) suitable assistance, including time off work".

Timescale – To be completed by 24 September 2018.

Recommendations

Number of recommendations: 1

1. The provider should further develop the quality assurance system so that all information gathered from audits and meetings is used to develop the quality of all aspects of the service and influence the service development plan.

This ensures that care and support is consistent with the Health and Social Care Standards which state "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).

Grade: 3 – adequate

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

Previous requirements

Requirement 1

Clear plans should be put in place to improve the quality of life for service users by introducing choices into their daily lives and offering the opportunity of both indoor and outdoor activity which reflect their needs and preferences.

SSI 114 Regulation 4 (1) Welfare of Users (a) providers shall make proper provision for the health and welfare of service users; (b) providers shall provide services in a manner which respects the privacy and dignity of service users.

Timescale: Three months from the receipt of this report.

This requirement was made on 24 January 2017.

Action taken on previous requirement

There was some improvement to the outcomes for some people but staffing levels were not conducive to forward planning for meaningful activity for all.

During the inspection process of May 2018 we did not find any further improvement in the planning of meaningful activities. This requirement has been re-written to reflect our findings. See requirement 1 Quality of Care and Support.

Not met

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

Previous recommendations

Recommendation 1

Anticipatory care plans, DNACPR information and end of life care plans should indicate how each person and their relatives have been involved in decision making.

National Care Standards – Care Homes for Older People: Standard 19, Support and Care in Dying and Death.

This recommendation was made on 24 January 2017.

Action taken on previous recommendation

We found that not all residents had anticipatory care plans in place. This recommendation will be re-instated and reviewed at future inspections. Following our inspection of May 2018, we continued to find little evidence that this recommendation had been met. We have directed the service to the new "My Anticipatory Care Plan" produced by Health Improvement Scotland and the Scottish Government. This recommendation has been re-written to reflect our findings. See Quality of Care and Support, recommendation 1.

Recommendation 2

The experience of mealtimes should be improved for all service users and more appropriate arrangements made to promote meaningful choice at mealtimes.

This recommendation was made on 24 January 2017.

Action taken on previous recommendation

Mealtimes were supportive and some improvements had been made. Meals were still being brought from the adjacent hospital. Choices were given a few days in advance, but residents sometimes forgot what they ordered, and what they were given sometimes was not meaningful to them. We will monitor this as an area for development and its progress of this at future inspections.

Following our inspection of May 2018 we found that the menu boards had been moved to the dining room and visual choices of meals were offered. This recommendation was met.

Recommendation 3

The home would benefit from some refurbishment to improve the homeliness of the care home. The organisation of the home needs improved and excess furniture and clutter needs to be removed. Choices of different types of seating and the lighting needs improved throughout the building.

This recommendation was made on 24 January 2017.

Action taken on previous recommendation

We found that some lights in the common areas were still not working. Some rooms, and staff areas were still cluttered.

Following our inspection of May 2018 we found that there had been some refurbishment within the dining room; however there still appeared to be clutter around the bathroom area. We have re-written this recommendation to reflect our findings. See Quality of Environment, recommendation 1.

Recommendation 4

People who experience this service should be confident that the staff providing their support and care has the knowledge and skills gained from the experience of working with people who have similar needs to theirs. The service should ensure that all staff have access to dementia awareness training.

National Care Standards 5:3 - Care Homes for Older people: Management and Staffing Arrangements.

This recommendation was made on 31 January 2018.

Action taken on previous recommendation

Following our inspection of May 2018, we found that not all staff had the necessary skills to support people who had additional communication support needs. We have re-written this recommendation to reflect our findings. See Quality of Staffing, recommendation 1.

Recommendation 5

The service should ensure that people who experience this service live in an environment which enhances their quality of life and be a pleasant place to live. In order to do this the service must ensure that there is adequate heating in all bedrooms and common areas.

National Care Standards 4 - Care Homes for Older people: Your Environment.

This recommendation was made on 31 January 2018.

Action taken on previous recommendation

Following our inspection of May 2018, we found that the heating had been repaired.

This recommendation was met.

Recommendation 6

The service should ensure that staff receive regular supervision according to the provider's own guidance.

National Care Standards 5 - Care Homes for Older People: Management and Staffing Arrangements.

This recommendation was made on 31 January 2018.

Action taken on previous recommendation

Following our inspection of May 2018 we found that not all staff received effective support and supervision. We further found that not all staff were registered with their appropriate professional body.

We have re-written this recommendation to reflect our findings. See Quality of Staffing, requirement 1.

Recommendation 7

The provider should review the management arrangements within the service to ensure that the lines of accountability are clear. The review should include consideration of the roles and responsibilities of the day-to-day and overall management of the service in the event that the manager is off in line with the service staffing schedule.

National Care Standards 5 - Care Homes for Older People: Management and Staffing Arrangements.

This also takes into account Scottish Social Services Council (SSSC) Code of Practice for Employers Section 1.4, 2.3 & 3.4.

This recommendation was made on 31 January 2018.

Action taken on previous recommendation

Following our inspection of May 2018, we found little improvement, and the lines of accountability were still unclear.

We have re-written this recommendation to reflect our findings. See Quality of Staffing, requirement 1.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
29 Nov 2017	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 4 - Good Management and leadership 3 - Adequate
9 Nov 2016	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 5 - Very good Management and leadership 5 - Very good
14 Oct 2015	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 3 - Adequate
31 Mar 2015	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
11 Aug 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
17 Jan 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
12 Jul 2013	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 3 - Adequate Management and leadership 3 - Adequate
13 Mar 2013	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing Not assessed

Date	Type	Gradings	
		Management and leadership	2 - Weak
18 Jul 2012	Announced	Care and support Environment Staffing Management and leadership	Not assessed 2 - Weak 3 - Adequate Not assessed
8 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate Not assessed 4 - Good
20 Jul 2011	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate Not assessed 4 - Good
25 Oct 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed 3 - Adequate
20 May 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate Not assessed 3 - Adequate
3 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 4 - Good 2 - Weak
26 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 4 - Good 2 - Weak
5 Mar 2009	Unannounced	Care and support Environment Staffing	2 - Weak 3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
8 Oct 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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