

Gilmerton Care Home Service

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Gilmerton
Edinburgh
EH17 7QU

Telephone: 0131 672 3337

Type of inspection:

Unannounced

Completed on:

4 September 2018

Service provided by:

Four Seasons Health Care (Scotland)
Limited, a member of the Four Seasons
Health Care Group

Service provider number:

SP2007009144

Service no:

CS2003010639

About the service

Gilmerton is a purpose built care home, situated in a residential area, in the south of the city of Edinburgh. There are local amenities nearby, such as shops and local services. The home has a garden, two small car parks and is also close to main bus routes.

The service is registered to provide care for a maximum of 60 older people. At the time of our inspection there were 56 residents in the home.

Residents' accommodation is set out over two floors, and is divided into four units. On the first floor, Eden and Hume units provide care for people who have dementia. On the ground floor, Gladstone and Churchill units provide care for physically frail older people.

All residents' bedrooms are single rooms with an en-suite toilet and wash hand basin. Each of the units has two sitting rooms and a dining area. There are shared bathing and toilet facilities on each of the units. The home also has separate kitchen, laundry and staff facilities.

The service is owned by Four Seasons Health Care (Scotland) Limited.

The service's aim is:

"We know what we do is important, so we work together to deliver high quality care to all our residents. We will listen to you to enable us to provide you with individual care and support based upon what you are telling us".

During this inspection the new quality framework for care homes for older people and the Health and Social Care Standards were used to look at the care people received. These standards focus on the experience of people using services and describe what they should expect, these can be found at <http://www.gov.scot/Publications/2017/06/1327/downloads>

What people told us

At this inspection there were 56 people using the service. We spoke with around 15 residents in some detail about their experience and we chatted with, or observed the care, of other residents. Residents gave us mixed views about some aspects of the service. Some raised that they had to wait for assistance but were positive about the kindness of staff.

We spoke with seven family members in more detail during the inspection. We also sent twenty questionnaires to relatives of people who use the service. We received eight responses. Comments were generally positive and included:

"Very happy with the quality of service provided for my mother, she is very happy at the home.",

"The staff are fantastic, very caring. The staff keep us informed of all changes. The staff are all polite and treat my father with respect, they are always happy. I am highly impressed with the care my father gets from the staff. A big thank you to all the staff.",

"I feel lucky that my wife is being so well looked after.",

"Fantastic care, wonderful staff.",

"...Our family feel very lucky to have XXX and her team looking after mum. One minor issue is the laundry. Quite often I find other resident's clothing in mum's room and some of mum's clothes go missing. As I say in the scheme of things, this is a small issue."

We received one response from a professional visitor to the home. as follows: "We always find the home relaxed and welcoming. Any referrals to our service are conducted promptly and efficiently ensuring that residents are not waiting".

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection. This observes staff interactions with people and helps us evaluate experiences of people who cannot always verbally tell us what it is like to live in the care home.

We saw that staff were caring when they interacted with residents and worked very hard, but our overall impression was that there were not enough staff which affected their responsiveness and abilities to react to unpredictable care needs. For example most of the interactions at mealtimes were neutral and task related which may be related to the high number of residents who needed full or partial assistance, or encouragement to eat. This was seen especially, but not exclusively, on the two units for people who have dementia. Some of the relatives comments confirmed our view of the positive way staff interacted with residents although they said there could be a wait for assistance.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	1 - Unsatisfactory
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

Residents experienced compassionate care. We observed warmth and kindness between staff and residents and genuine affection was evident in the way residents were cared for.

Whilst staff demonstrated kindness in their practice, availability of staff and the level of assistance needed by residents, meant that at times interactions were neutral, task driven or residents had to wait for help. At one mealtime we saw staff clearly outpacing and rushing a resident in order to complete the meal and help another resident who was waiting for assistance. We have made a requirement about staffing in "How good is our staff team".

Residents personal allowances were held safely. There was a system for financial transactions which was traceable. The provider should consider how they can apportion interest to residents' accounts or hold personal allowances in individual interest bearing accounts. The provider should also consider how they can make it easier for residents to have access to their money out of office hours.

Similar to previous inspection findings, there was only one activities coordinator who was working hard to provide a service to all of the residents. Due to the constraints of personnel there was a focus on large group activities and fewer opportunities to help residents on an individual basis. As at the previous inspections, a second activity person was due to start. It is hoped that this addition would provide more varied and individual opportunities for residents to keep active and maintain their interests. Records of activities recorded the success of the group rather than the outcomes for participants. There was little opportunity for residents to participate in a range of recreational, social and creative physical and learning activities which suited their individual needs. See area for improvement 1.

At the last inspection there were plans to develop the newsletter. This was still to be moved forward. Progress with this would help residents and relatives stay better informed about events in the home, staffing and planned changes.

Staff tried hard at mealtimes to encourage residents who were reluctant to eat and offered assistance to residents who could not eat independently. Some residents would have benefitted from staff to sit with them to prompt eating, but the staff were busy helping other residents who needed direct assistance. Nutritional risk was identified and residents were weighed. Care plans were not always clear about the planned interventions or outcome of referral to a dietician when a risk was identified. Improvements were needed to the meal time choices offered, especially for residents who needed a texture modified diet and who did not receive a choice of meal. The menu also needed to be reviewed to avoid over reliance on ready-made meals such as pre-made pies. See area for improvement 2.

At some meals the medicine trolley was taken into the dining area and medicines given while residents were trying to enjoy their meal. We have suggested that better assistance could be given to residents and a more enjoyable mealtime experienced if this practice was changed.

Improvements were needed to the completion of medication administration records (MARs). The way that medicines were counted was inconsistent and had the potential to cause confusion for staff. When medicines were omitted there was no explanation for this recorded in the relevant section of the MAR. More detail was needed to handwritten prescription changes, so that staff knew who had authorised the change or addition. More care was also needed to make sure that medicines, including topical preparations, were not being returned to pharmacy when they were still in date and prescribed for the resident. This will help reduce unnecessary waste. Topical medicines needed to be dated when opened.

Where medicines were administered covertly, (in a disguised form), best practice guidance was generally being followed. However we noted that an addition had been made for one resident without the appropriate protocol being followed. This had not been detected by the home's internal quality assurance systems. See area for improvement 3.

Pain assessment was routinely carried out. However we saw that when pain was not yet well controlled these assessments were being carried out monthly. More frequent assessment and evaluation of the effectiveness of analgesia would help improve pain management for residents.

A system was still needed to help staff to communicate the frequency of position changes for individual

residents to ensure the risks of skin damage were minimised. The manager agreed that this would be added to a written handover sheet given to each nurse and carer.

We discussed with the provider and manager that the service needed to complete a review of the physical environment of the home to identify where improvements could be made. This would help the service provide an environment that was more enabling for residents with dementia, or visual or hearing impairment. This is to take account of the current available guidance on dementia enabling environment. There had been no progress on this recommendation from the last inspection. We found that residents could not easily access a safe outdoor space and resident on the top floor could not access the communal areas on the top floor between the two units. See area for improvement 4.

The facilities provided in the staff room still needed to be improved. The providers representative and the facilities manager promised that improvements to the staff facilities were imminent. We will check progress on this area for improvement by asking the provider to supply an environmental improvement plan which includes staff facilities.

Following a recommendation from the last inspection we looked at the care of residents' clothing. In some units clothing was discretely labelled and labels were clear. This was not consistent across the home. In addition, the system to identify the owner of unlabelled clothing was not well understood by the staff. The service should ensure residents clothing is clearly marked in a dignified way. We have asked the service to review the consistency of its systems to ensure items of residents' clothing going into the service's laundry system can be identified and promptly returned to the correct resident after laundering. We received comments from relatives that residents still had problems getting their clothes returned to them. See area for improvement 5.

At the last inspection we recommended that the provider improve the storage in residents en-suites and the tidiness of sluice rooms and small lounges. We found that sluice rooms were generally found to be tidy during this inspection. In one unit the quiet lounge was being used for storage and was not an attractive place for residents to sit. In a dementia unit we found a bucket collecting water from a leak in the roof, with no protection to prevent this being a hazard to residents or staff. Staff were unclear about the status or plans to repair the leak. Storage improvements in en-suites had not yet been progressed.

At the last inspection we recommended that the service considers the level that senior care assistants should register with the Scottish Social Services Council (SSSC), or another recognised regulatory body. As a result two members of staff had changed the level of their registration to appropriately reflect their supervisory responsibilities.

Areas for improvement

1. The provider should improve the activity opportunities for all residents. This ensures care and support is consistent with the Health and Social Care Standards, 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) and "I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)
2. The provider should improve the meal choices for residents, choice should be available for residents who need a modified, food textured diet. Residents who need a special diet should have food presented in an attractive, palatable way. More suitable facilities and greater support could be offered to support people who use the service to access snacks and drinks between meals. This ensures care and support is consistent with the Health and Social Care Standards, which state that "I can choose suitably presented and healthy meals and snacks,

including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33), "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected." (HSCS 1.34), and "If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible." (HSCS 1.38)

3. Medicines management needed to be improved. Medication records needed to be completed accurately, where medicines were omitted clear reasons for this needed to be documented. Handwritten changes made to medicine records needed to be clear and the authoriser recorded. Consistency was needed in the way medicines were counted to ensure the safety and accuracy of medicines administration. Where medicines were administered in a covert (disguised) way, all medicines given in this way needed to be recorded in the correct protocol and recording of authorisation by a medical practitioner needed to be unambiguous.

This ensures care and support is consistent with the Health and Social Care Standards which state that "any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

4. The provider should provide an environment that is more enabling for residents, including making improvements to facilitate people with dementia, or visual or hearing impairment to be stimulated, encourage activity and independence both indoors and outdoors. Improvement plans should take account of the current available guidance on dementia enabling environments. The improvement plan should be sent to us alongside the action plan for this inspection.

This ensures care and support is consistent with the Health and Social Care Standards which state that "I get the most out of life because the people and the organisation who support and care for me have an enabling attitude and believe in my potential." (HSCS 1.6) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11). This also takes into account: Building better care homes for adults, Care Inspectorate (2018), Designing interiors for people with dementia, Stirling University (2012), Light and lighting design for people with dementia, Stirling University (2010), and Developing supportive design for people with dementia, Kings fund (2014).

5. The service should review its systems for ensuring items of residents' clothing going to the service's laundry system can be identified and promptly returned to the correct resident after laundering.

This ensures care and support is consistent with the principles of the Health and Social Care Standards which state that, "I am respected and treated with dignity as an individual" (HSCS).

How good is our leadership?

3 - Adequate

A new manager had recently been appointed after a period where there were temporary management arrangements in place. The new manager had met with residents, relatives and staff and demonstrated to us an understanding of the improvements needed in the home.

Staff we spoke with felt comfortable at giving feedback to the manager and were motivated by her leadership. The deputy manager was new in post and the manager and deputy were working well together.

The manager had tried to make an immediate impact on the external impression of the home by arranging volunteers to tidy the unkempt garden area. This had made a difference to the approach to the home.

A range of audits and checking procedures were carried out by the provider to try to ensure the quality of the service. These did not always identify the areas of improvement that we found were needed.

Where action was needed to carry out repairs by tradesmen, the system to ensure these were completed timeously did not work. In one instance this led to 30 residents sharing one shower for several weeks.

When adult protection concerns are raised, the provider and the manager need to ensure that the correct procedures are followed. This will ensure the better protection of residents and staff. See requirement 1.

The provider and manager need to make sure that there are enough staff to meet the needs of the residents. We found that staff worked hard but there were not enough of them to meet the high needs of the people they were caring for. The provider could not demonstrate to us that they had based staffing on any calculation of needs. See requirement 2.

We noted that there had been 38 witnessed and un-witnessed falls in a two month period. Each incident was analysed to see if they could be prevented in the future.

Requirements

1. To ensure that residents are safe and protected, the provider and manager must follow local area inter-agency adult protection procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards, "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20). It is also necessary to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the welfare of users.

Timescale: By 30 October 2018.

2. The provider must ensure that residents are safe, protected and can have their wellbeing needs met. In order to do so, the provider must, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of the service users, ensure that at all times suitably qualified and competent persons are working in the care service and in such numbers as are appropriate for the health, welfare and safety of service users.

This is to ensure that care and support is consistent with Health and Social Care Standards, "My needs are met by the right number of people" (HSCS 3.15) and "People have time to support and care for me and to speak with me." (HSCS 3.16). It is also necessary to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the welfare of users and Regulation 15(a) - a regulation about staffing.

Timescale: By 30 October 2018.

How good is our staff team?

3 - Adequate

Residents could be confident that people who supported and cared for them had been appropriately and safely recruited following an interview and a range of pre-employment checks.

Care and nursing staff were registered with a professional body and regular checks were made to ensure staff kept their registration up to date.

Staff were kind and caring when they helped residents. Relatives we met confirmed the compassionate and understanding approach was a normal part of the care they received. Residents and relatives were very complimentary about the quality of the staff and their dedication and commitment to providing good care.

Over a year ago the service planned to improve resident access to meaningful activities by employing an additional activity co-ordinator. At this inspection there was only one activities person trying their very best to meet the needs of all of the residents. This did not offer enough support for people to participate in a range of recreational, social and creative activities as they chose.

Despite the hard work and effort of staff, we were not confident that there were enough staff to meet the needs of residents. See requirement 1.

All new staff were asked to complete a range of relevant training before they started to care for residents and to show their competency in achieving a safe level of practice during their twelve week induction period.

A system of supervision and support for staff had been restarted by the new manager. This was yet to become well established after a period of absence.

Most staff had received an education session which focused on how it feels to carry out everyday tasks when you are living with dementia. Staff said this helped them to better understand how residents feel.

Staff training was mostly through e-learning. A high proportion of staff had completed this, new topics had recently been added which staff still needed to start.

There had been several recent incidents of choking in the home. While these were dealt with correctly, we noted that there was some ambiguity about the use of thickeners even when these had been prescribed by a specialist health professional. Whilst unrelated to the incidents, this also has potential to cause choking and aspiration. We felt staff would benefit from more understanding in the use of thickeners where these had been prescribed.

Staff practice did not show that they had a good understanding of capacity and consent. We felt staff would benefit from more help in understanding how to put their training into practice. We highlighted this as an area for improvement with the manager and provider.

Requirements

1. Residents should be confident that their needs are met by the right number of staff, and the staff can respond promptly, including when residents ask for help. In order to do so the provider must use a recognised tool to calculate residents needs and demonstrate how this relates to staffing. In doing so the provider must also take into account time for staff to complete non-direct care work, the layout of the building and the skills and experience of staff.

This ensures care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15) and " I am confident that people respond promptly, including when I ask for help" (HSCS 3.17). This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 15 (a)-staffing.

Timescale: By 30 October 2018.

How good is our setting?**1 - Unsatisfactory**

The environment was kept clean and tidy by domestic staff who were regular and well known to the residents. However, there were some areas of the home such as the worktops and cupboards within the pantries which were damaged and needed replaced as they could no longer be cleaned effectively.

Residents had their own bedroom and en-suite. Personalisation of some bedrooms was seen with photos, pictures and bedding. As with other areas of the home the natural and artificial lighting was poor and needed addressed.

People with dementia lived on the two upper floor units. Access from the units was restricted by use of keypads. This setting did not promote independence or choice of where to spend time out of the unit. In addition there was no independent access to an outdoor space and staffing was not adequate to allow residents to access the downstairs outdoor space as they wished.

The main garden, at the back of the home, needed attention and was not attractive or welcoming. The set up and furniture did not promote use of the outdoor space available. We were encouraged that during our inspection the new manager had enlisted volunteers who helped to tidy the front garden. This made the approach to the home more attractive for visitors, although this area was not suitable for residents to use for sitting outside.

Facilities in the units did not promote independence or socialisation opportunities for example domestic areas were not accessible to residents or relatives. The solid doors on the locked pantries meant that staff and residents were not visible to each other and the design did not encourage people to use the facilities.

Appropriate lighting levels can promote normal patterns of waking and sleeping and reduce symptoms of dementia. We found that there was poor natural light with artificial lighting used all day. The artificial lighting was dim and it was difficult to distinguish night from day. We expect the provider to include levels of appropriate lighting as part of a review of the environment.

Some work was taking place to ensure the hot water did not pose a scalding risk to residents. We checked some hot water basin taps and reported an excessive temperature in a communal bathroom. This danger has also been raised at previous inspections. We discussed that the provider must ensure that adequate measures are in place to prevent a scalding risk until the planned remedial works on the temperature regulatory valves has been completed.

We found a fridge in the main kitchen which had a faulty door seal and broken thermostat. We have asked the provider to replace this and they have agreed to do so.

On one unit a shower room was out of action and residents were temporarily being asked to use one on another unit. We were told a repair was imminent, however several weeks after the inspection this repair remains outstanding. This is unsatisfactory and has influenced our evaluation of the environment. See requirement 1.

In one unit the lock was broken on the medicine trolley and repair or replacement was awaited. Cutlery and crockery supply was limited which could result in lack of availability on the units after mealtimes.

The provider had a system for repairs and maintenance although it was not always clear which repairs were expected to be carried out by home-based maintenance staff and where a contractor was needed. This led to delays and lack of clarity for staff to know when and if repairs would be carried out.

The provider could improve the setting by completing a programme of refurbishment to bring the setting up to the standard needed to promote and enable resident's independence.

Requirements

1. To ensure residents have adequate access to showering facilities, repairs must be made to the shower room and other bathing facilities.

This is to ensure that care and support is consistent with Health and Social Care Standards " As an adult living in a care home, I have en suite facilities with a shower and can choose to use a bath if I want.(HSCS 5.28). This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a)-a regulation about the welfare of users and regulation 14(d)-a regulation about facilities. This also takes account of Building better Care homes for Adults, Care Inspectorate (2018).

Timescale: By 30 October 2018.

How well is our care and support planned?

3 - Adequate

Residents should expect their care plans to reflect all aspects of their wishes and care needs and give clear direction to staff about how to deliver their care. They should also expect these plans to contain accurate information that is updated when their care needs change. This is important in helping staff give consistent and safe care in the way residents want.

There was some useful information in the care plans which was written in a personalised way. However, the size and volume of information, and how this was recorded, meant that it was difficult for staff to use the care plans to get to the crux of the day-to-day care in a timely fashion.

There was a number of areas where we thought the service could improve care planning. We saw examples where plans contained inaccurate information. Guidance to help staff support residents who experienced periods of stress or distress could be better. This should detail the steps that staff should take prior to administering medication. See area for improvement 1.

The detail needed to provide care from some healthcare assessment tools, such as frequency of repositioning, was lost within the volume of care files. Where a resident had a wound, which had healed, the care plan did not always record this. The evaluation of care plans was not meaningful because it was unclear what information was being considered when measuring if the planned approach met residents care needs. All of this could result in residents receiving inconsistent care. There was acknowledgment from the manager and provider that work was needed in developing a more useable care planning system. See area for improvement 1.

We discussed with the provider and manager that there were some language usage and wording issues in care plans which in some cases changed the meaning of the care. We have asked the manager and provider to address this. Using the existing audit system could be one way of addressing this.

Promoting independence and supporting risk taking was not well recorded. We expect that people are helped by the service to get the most out of life and reach their potential and that wishes, choices and any agreed restrictions are clearly recorded.

We saw that staff sought the advice of medical and health professionals to help them care for residents and followed their advice. However, we found that where the advice disagreed with family wishes, the guidance for staff was unclear and ambiguous. This resulted in inconsistent care which was potentially harmful. See area for improvement 1.

Areas for improvement

1. Work was needed to make sure that care plans reflected all aspects of resident wishes and care needs. They needed to be improved to give clear direction to staff about how to deliver the care. Care plans to contain accurate information that is updated when their care needs change. This ensures care and support is consistent with the Health and Social Care Standards, which state that "My care and support meets my needs and is right for me." (HSCS 1.19), and "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).

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
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 levels and mix meet people's needs, with staff working well together	3 - Adequate
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How good is our setting?	1 - Unsatisfactory
4.1 People experience high quality facilities	1 - Unsatisfactory
4.2 The setting promotes and enables people's independence	1 - Unsatisfactory

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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