Guthrie House
Care Home Service

12 Lasswade Road
Edinburgh
EH16 6RZ

Telephone: 0131 672 0040

Type of inspection: Unannounced
Inspection completed on: 7 March 2017

Service provided by:
Guthrie Court Limited, a member of the
Four Seasons Healthcare Group

Service provider number:
SP2005007863

Care service number:
CS2006135714
About the service we inspected

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Guthrie House is a purpose-built care home situated in the Liberton area of Edinburgh. It is within easy reach of shops, other amenities and public transport routes. The home has its own grounds and parking.

The service is registered to provide accommodation and care for 88 older people. Accommodation is provided on three floors. Access to the upper floors is provided by stairs and two lifts. All resident bedrooms are single with en-suite shower, toilet and wash hand basin facilities.

Appropriate additional bathing facilities and toilets are provided on each floor. There are lounges and dining rooms on each of the floors. There is a hairdressing room, kitchen and staff facilities in the home.

The service provider is Guthrie Court Limited which is part of Four Seasons Health Care Limited, national providers of private health care.

The service’s Philosophy of Care is:
“we are committed to providing the highest possible standards of care. Residents will be treated as individuals and cared for with respect and dignity with a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate.”

How we inspected the service

We wrote this report following an unannounced inspection. This was carried out by two inspectors. The inspection took place on:

Tuesday 21 February 2017 between 14.30 and 19.00
Tuesday 7 March 2017 between 10.30 and 14.30

The inspection was concluded and feedback given to the management team on Tuesday 7 March 2017.

During the inspection we spoke with: residents, relatives/visitors, the manager, registered nurses and care staff.

We looked at:
- the action plan developed following the last inspection
- residents’ assessments, personal plans, risk assessments and reviews
- medication records and processes
- the environment.

We also spent time observing staff practices and how staff interacted with the residents.
Taking the views of people using the service into account

We spoke informally with eight residents during the inspection visits. Comments received were generally positive.

Comments included;
“I’m very happy here.”
“The food is really good, there’s always a choice and plenty to eat.”
“I enjoy the activities, there’s always something going on.”
“No complaints, the staff are very kind and helpful.”
“It’s not home but the staff do their very best to make it like home for me.”
“The staff are really patient and kind to me.”
“I’m not keen on the food on the menu, thankfully you can get something else you fancy.”

We observed that the residents were relaxed, calm and freely moving about the home. They responded positively to staff interaction and assistance.

Further views of residents were commented on in our previous inspection report dated 7 July 2016. This should be read in conjunction with this report.

Taking carers’ views into account

We spoke with one relative who was particularly unhappy with a number of aspects of care that included; medication management, poor communication and access to healthcare professionals. The manager is aware of these issues and is addressing these with this relative.

We also spoke with three relatives who were very happy with the care and support the staff and management in the care home delivered. Their comments included;
“I’m happy with everything.”
“Things are much better than they have been.”
“The staff are exceptionally kind and caring.”
“I’m kept up to date with everything that is happening with my parent.”
“It’s good, no concerns whatsoever.”
“The staff are always very helpful.”
“The staff are pleasant and the place is kept clean.”
“We have six monthly reviews to discuss everything that’s been happening.”
“You can go to the manager and deputy if there is anything of concern. They are happy to listen and sort things out.”

Further views of relatives/visitors were commented on in our previous inspection report dated 7 July 2016. This should be read in conjunction with this report.
Previous requirements

Requirement 1

The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

Administration of medication or reason for omission must be recorded on the MARs and TMARs at the time of administration.

Where handwritten instructions have been added to the MAR sheet these must be signed and dated by the authorising GP or two members of staff who transcribe the doctor’s instructions.

This is in order to comply with:
SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people,
SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

This requirement was made on 7 July 2016.

Action taken on previous requirement

Examination of medication administration records identified that there continues to be a number of issues with staff recording when they administer medications and creams/ointments. This was discussed with the manager who agreed to monitor staff practice and increase auditing of medication records.

This part of the requirement remains outstanding.

All handwritten instructions were evidenced to have been signed by two members of staff who transcribe the doctor’s instructions.

This part of the requirement has been met.

On examination of medication administration records (MARs), we noted that some medications (particularly those to treat Parkinson’s Disease) which must be given at specific timings throughout the day to ensure they have optimum effect, had no time written on the records to inform staff practice. The manager agreed to address this immediately.

Not met
Requirement 2

The service provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;

Wound care plans contain sufficient information regarding pain assessment and administration of pain relief that may be required during dressing changes.

This is in order to comply with:
SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people

This requirement was made on 7 July 2016.

Action taken on previous requirement
Examination of five wound care plans identified detailed information regarding assessment of pain and any pain relief medication that may be required during dressing changes.

Met - within timescales

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

Previous recommendations

Recommendation 1

The provider should ensure that where a resident is unwell and condition deteriorates, staff must seek medical advice as a matter of precaution, to ensure residents receive the medical service they require. National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing.

This recommendation was made on 7 July 2016.

Action taken on previous recommendation
Clear protocols for accessing medical advice are in place to guide and inform staff practice. Staff spoken with knew these protocols and the procedures for accessing medical advice as required.

This recommendation has been met.
Recommendation 2

Care plans need to contain clear guidelines to inform staff practice. Staff need to ensure they include any actions taken in associated care plans and associated charts reflect the instructions laid out in the care plan.

Reference: National Care Standards, Care Homes for Older People, Standard 6 Supporting Arrangements

This recommendation was made on 7 July 2016.

Action taken on previous recommendation
Examination of care plans identified staff were fully completing guidelines to inform practice and associated charts identified that staff were completing and including actions taken.

This recommendation 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.

Enforcement

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