

Gilmerton Care Home Service

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Gilmerton
Edinburgh
EH17 7QU

Telephone: 01316 723 337

Type of inspection:
Unannounced

Completed on:
27 September 2021

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 close to main bus routes.

The service is registered to provide care for a maximum of 60 older people.

The 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 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 a 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".

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate.

What people told us

At the time of the inspection there were 56 people experiencing care in Gilmerton care home. We spoke with six people about their experience. Their comments included:

"it's nice and quiet here",

"they are nice here",

"some people are better than others",

"I had a good sleep last night",

"I'm not worried about anything".

We spoke with six family representatives and four stakeholders from health and community based services who are involved in the support of the people using Gilmerton care home. People told us:

"the staff are welcoming when I come through the front door",

"everybody is lovely, including cleaning staff and kitchen staff",

"I feel secure in myself that she's in a great home",

"staff have a smile on their face and never seem annoyed or fed up".

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 care and support during the COVID-19 pandemic?	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 care and support during the COVID-19 pandemic?

3 - Adequate

KQ 7.1 People's health and wellbeing are supported and safeguarded during the Covid-19 pandemic

The focus of this inspection was to evaluate the care and support people had received during the Covid-19 pandemic. We looked at how people's health and wellbeing had been supported and safeguarded. We found the service to be operating at a good level for this quality indicator, with important strengths which clearly outweighed areas for improvement.

There were many warm and supportive interactions at Gilmerton, where people appeared to have good relationships with those who cared for them. People moved freely within the units of the home and made use of communal areas which were arranged safely to promote social distancing.

People were supported by staff who knew them well and used people's preferred names when communicating with them. Relatives confirmed they felt comforted that their loved ones were being cared for by staff they also knew well. One relative commented:

"I could not look after my husband any better than they do. They are his family and they are fantastic".

People were being supported to keep in touch with relatives. At the time of the inspection, the home was closed to visitors following guidance from the local Health Protection Team. Staff made good use of technology to help people stay in contact with those who were important to them. Relatives confirmed they were happy with these arrangements. Visits deemed essential to people's wellbeing were taking place and these were managed sensitively whilst taking account of infection prevention and control procedures. Relatives confirmed they were happy with communication with the home throughout the pandemic.

Activities were taking place which encouraged interaction and promoted positive wellbeing. Relatives informed us that the provision of activities had improved but voiced concerns a reduction in activity co-ordinators may see this provision reduce again. We encouraged the service to continue development in this area. Family members praised the home for regularly updating social media pages with activities

information. This reassured relatives their loved ones were well and were attending events they enjoyed. One relative commented:

"staff know what he likes and they build his activities around that".

We looked at a sample of personal plans as part of the inspection process. These had been reviewed regularly throughout the Covid-19 pandemic. Anticipatory care plans had also been reviewed with input from relatives to take account of the pandemic. Personal plans showed good links with other professionals involved in people's care. They also praised the service with one professional commenting:

"if I need information, the staff know the residents and information is recorded accurately. Staff are on the ball and always helpful".

KQ7.2 Infection prevention and control practices support a safe environment for people experiencing care and staff.

The performance of the service in relation to infection prevention and control practices to support a safe and clean environment was evaluated as good. There were a number of important strengths which clearly outweighed areas for improvement.

The home maintained a welcoming and homely feel. All areas were found to be clean and tidy. Soft furnishings were clean and fit for purpose. A process was in place for the cleaning of shared equipment although we identified some aspects where practice could be improved upon during the inspection which have now been actioned.

The home operated a well managed process for laundry collection to support good infection prevention and control practice and their laundry room was clean and tidy.

There was a good supply of Personal Protective Equipment (PPE). PPE stations were readily available throughout the home and located by clinical waste bins to ensure quick and safe disposal of used PPE. People experiencing care and staff had ready access to hand sanitiser. Posters and guidance throughout the home promoted best practice in these areas.

Clinical waste was managed in line with guidance and there was good availability of clinical waste bins throughout the home.

A system was in place for observing staff practice regarding correct handwashing techniques which took place regularly. We advised that this system should be extended to also cover assessing staff use of and disposal of PPE. This would support improved outcomes for people living and working in the home. **(See area for improvement 1)**

Cleaning records were kept which included regular cleaning of frequently touched areas (door handles, handrails and keypads). Cleanliness checks were completed by management. Guidance was available for staff to ensure good quality and safe cleaning.

Cleaning products and solutions were suitable for a range of cleaning purposes but were not chlorine based as advised in national guidance for use during the pandemic. We advised the service to complete the NHS Health Protection Team risk assessment regarding these cleaning products as per current guidance.

Both care and housekeeping staff were working in designated sections of the home to support good infection prevention and control practice.

Regular testing for Covid-19 took place in line with current guidance. This followed best practice and assisted with the continued protection of people experiencing care and staff from harm.

KQ7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

We evaluated that staffing arrangements in relation to the changing needs of people experiencing care were adequate.

A tool was being used to assess the needs of those using the service in relation to staffing levels. However, as this tool did not accurately reflect people's needs we could not be confident that people's care and support was sufficiently person centred enough to meet their needs and wishes. A requirement was made regarding this during previous inspections and as this has not been met, the requirement remains in place. **(See outstanding requirements page)**

Staffing levels were adequate to meet people's personal care needs and staff were available to assist people during mealtimes. Staff were busy and moved quickly from one task to another. An increase in staffing would ensure more time available for staff to socialise with people experiencing care.

Staff were committed to their role and the people they were caring for but confirmed how staffing levels were having an impact on them. Some staff comments were:

"we do get through as best we can but it's difficult - we as staff just keep each other going",

"we know residents very well and it's hard work but we have to just get on with it - we all look after each other",

"we're tired but still fighting on",

"always manage to get by - we just have to get on with the job."

Management often had to spend parts of their day carrying out nursing tasks to ensure people received the care they needed. Although prioritising the needs of people experiencing care, this removed managers from carrying out their own roles and responsibilities.

Staff were observed using PPE appropriately and in line with Health Protection Scotland's Covid-19 Information and guidance for Care Home Settings. Staff observed social distancing guidance when appropriate and sensitively supported everyone to do the same.

Staff had received Covid-19 and infection prevention and control training. An online training programme was in place with a high level of completion. Staff we spoke with were able to identify key learning from their training and how this had impacted on their practice. Key features included the importance of wearing and disposing of PPE correctly and good regular handwashing. Infection prevention and control champions were in place who assisted with regular testing for Covid-19.

Staff felt supported by nurses and management within the home. Staff made use of supervision meetings to discuss their own wellbeing. One staff member told us:

"my nurse is someone I can talk to confidentially - massive support".

Another member of staff commented about the manager:

"can knock on her door any time. Very supportive and understanding. Can't fault her".

We asked the service to continue open discussions with staff regarding the Covid-19 vaccine. We also raised that although entrance to the building during office hours followed best practice guidance, this should be extended to capture visitors arriving out-with office hours.

Areas for improvement

1. In order to ensure that people experience a safe and clean environment, the provider should extend auditing procedures to cover staff use of Personal Protective Equipment (PPE). Audits should be regular and record findings of the wearing and safe disposal of PPE.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and

'My environment is secure and safe' (HSCS 5.17).

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

Requirements

Requirement 1

In order to ensure that residents are safe and protected, the provider must improve medicines management and ensure residents receive their medicines in accordance with the prescription, by 30 August 2019. In order to do so;

- medication records need to be completed accurately
- where medicines are omitted, a clear reason for this must be documented
- where medicines are administered in a covert (disguised) way, all medicines given in this way need to be recorded using the recognised protocol and the recording of authorisation by a medical practitioner must be unambiguous
- records of medicine allergies must be consistent, accurate and up to date.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I experience is safe and effective," (HSCS 1.24). It is also necessary to comply with Social Care and Social Work Scotland (Requirement for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the welfare of users.

This requirement was made on 21 June 2019.

Action taken on previous requirement

Medication records reviewed had been completed correctly. Information was accurate and up to date. Processes were in place to ensure where medicines were missed, this was documented and records reviewed confirmed this.

The administration of covert medication was recorded as required and documents regarding decision making were within personal plans. Records of medicine allergies were clearly marked in appropriate documents and straightforward for staff to identify.

Met - outwith timescales

Requirement 2

In order to ensure that residents are safe and protected, the provider and manager must ensure staff have a good awareness of adult protection issues and a sufficient level of knowledge to be able to respond appropriately to concerns that they have whilst providing support, by 30 September 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "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.

This requirement was made on 21 June 2019.

Action taken on previous requirement

Adult Support and Protection training had been incorporated into core training for staff. The service monitored this training for compliance and 96.6% of staff had now completed this training. We discussed adult support and protection issues with staff. Their responses assured us that staff knew how to identify concerns and their responsibility to act upon any concerns. The service appropriately recorded any adult support and protection concerns and could evidence following reporting procedures when concerns had been raised.

Met - outwith timescales

Requirement 3

In order to ensure that residents can 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, 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 that: "My needs are met by the right number of people" (HSCS 3.15), "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and "I am supported and cared for by people I know so that I experience consistency and continuity." (HSCS 4.16). 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.

This requirement was made on 21 June 2019.

Action taken on previous requirement

A tool had been implemented to assess the needs of those using the service in relation to staffing levels. However, as this tool did not accurately reflect people's needs we could not be confident that people's care and support was sufficiently person centred enough to meet their needs and wishes. Further information regarding staffing can be found in the main body of the report within section 7.3 "Staffing arrangements are responsive to the changing needs of people experiencing care".

This requirement requires further action and has not been met. We asked the service to address and resolve this issue by 27 December 2021.

Not met**Requirement 4**

To ensure residents health, wellbeing and safety, the provider must keep the premises in a good state of cleanliness and repair. This must include ensuring the laundry is clean and ensuring residents have access to a call bell system that is fit for purpose and does not add to intrusive noise. By 30 December 2019.

This is to ensure that people benefit from high quality facilities and care and support is consistent with Health and Social Care Standards which state that: "My environment is secure and safe" (HSCS 5.17) and "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

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).

This requirement was made on 21 June 2019.

Action taken on previous requirement

The laundry area was clean and well organised. Effective systems were in place to ensure compliance with infection prevention and control procedures. The call bell system was in good working order and did not contribute to noise levels that people in the home could be disturbed by.

Met - outwith 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

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).

This area for improvement was made on 21 June 2019.

Action taken since then

Although some activities were taking place, the ongoing pandemic had limited work in this area. This area for improvement will continue.

Previous area for improvement 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 people who need snacks and drinks between meals to help them gain or maintain weight or hydration.

This ensures care and support is consistent with the Health and Social Care Standards, which state that: "I can choose suitably presented 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).

This area for improvement was made on 21 June 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 3

Improving the quality of care through pain assessment and management will help prevent the potential under treatment of pain which can be disabling and distressing for residents.

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),

"Any treatment or intervention that I experience is safe and effective" (HSCS 1.24) and

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 21 June 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 4

Where personal allowances are held for residents, the provider should consider a system whereby they can apportion interest to resident's 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.

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 should also be 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).

This area for improvement was made on 21 June 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 5

The provider and manager should agree and share a development plan to set out clear direction and plans for improvement in all aspects of the running of the home, to include clear timescales for each improvement. This should be shared with residents, relatives, visitors and the Care Inspectorate.

This is to ensure that 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),

"My needs, as agreed in my personal plan are fully met and my wishes and choices are respected" (HSCS 1.23) and

"I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6).

This area for improvement was made on 21 June 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 6

To ensure that residents are safe and protected, the provider and manager must ensure staff have a good awareness of adult with incapacity legislation and capacity and consent. They should also have a sufficient level of knowledge to be able to consult with the appropriate person and act appropriately to whilst providing support.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11).

This area for improvement was made on 21 June 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 7

The provider should 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 and comfort. This should include clear timescales.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that "I can use an appropriate mix of private and communal space because the premises have been designed or adapted for high quality care and support." (HSCS 5.1),

"I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11),

"If I live in a care home, I can control the lighting, ventilation, heating and security of my bedroom." (HSCS 5.14),

"The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16),

"My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." (HSCS 5.18),

"My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes." (HSCS 5.19) and

"If I live in a care home, I can use a private garden." (HSCS 5.23).

This area for improvement was made on 21 June 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 8

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 should 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).

This area for improvement was made on 21 June 2019.

Action taken since then

We examined a sample of care plans which related to Covid-19 and some health assessments, however we did not examine the full care plans.

This area for improvement was not assessed at this inspection.

Previous area for improvement 9

Resident's should benefit from care plans that are regularly reviewed, evaluated and updated involving relevant professionals and taking account of best practice and their own individual preferences and wishes.

Reviews should take place at least 6 monthly, when requested or when needs change. Records should be kept of the discussions and decisions made and any actions to be completed following the review.

This ensures care and support is consistent with the Health and Social Care Standards, which state that "I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12),

"My care and support meets my needs and is right for me." (HSCS 1.19),

"I am empowered and enabled to be as independent and as in control of my life as I want and can be." (HSCS 2.2) and

"My care and support is consistent and stable because people work together well." (HSCS 3.19).

This area for improvement was made on 21 June 2019.

Action taken since then

We examined a sample of care plans which related to Covid-19 and some health assessments, however we did not examine the full care plans.

This area for improvement was not assessed at this inspection.

Previous area for improvement 10

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).

This area for improvement was made on 21 June 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

Previous area for improvement 11

The service should review the system for ensuring items of residents' clothing and slippers going to the laundry can be identified and promptly returned to the correct resident after laundering. A suitable rail should be used to transport clothing with care to prevent unintended crushing and creasing.

This is to ensure that 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).

This area for improvement was made on 21 June 2019.

Action taken since then

This area for improvement was not assessed at this inspection.

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 care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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