

# Goldielea Care Home

## Care Home Service

Dalbeattie Road  
Dumfries  
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**Type of inspection:**  
Unannounced

**Completed on:**  
4 May 2022

**Service provided by:**  
Goldielea Care Home Limited

**Service provider number:**  
SP2012011762

**Service no:**  
CS2012306097

## About the service

Goldielea Care Home is registered to provide care and support to 47 older people. The service provider is Goldielea Care Home Limited which is part of Advinia Healthcare Ltd.

The service provider's website is: <http://www.advinia.co.uk/our-care-homes/>

The care home is a large period property near Dumfries situated in countryside.

Accommodation is provided between two units, known as "the main house" and "Woodlea."

The main house has communal areas located on the ground floor comprising of two sitting rooms, dining area, conservatory and access to an outdoor seating area. Bedrooms are located on ground and first floor with two bedrooms on the top floor. All bedrooms have en suite toilet and wash basin. There are shared bathroom facilities on each floor.

The small unit (Woodlea) has accommodation for 12 older people and is quieter than the main house. This small unit has its own living, dining room and access to a courtyard sitting area.

During the inspection 37 people were living in the home.

The service provider employs nurses within the staff group but some people will have healthcare needs met by external visiting healthcare professionals including district nurses.

## About the inspection

This was an unannounced inspection which took place on 3 and 4 May 2022.

The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we spoke with people using the service, staff and management. Observed practice and daily life and reviewed documents.

## Key messages

- Helpful and caring staff who interacted with kindness.
- Staffing was sufficient with reduced numbers of people living at the service. This needs monitoring to ensure staffing is flexible and meets people's needs.
- Smaller group living in the main house could be enhanced as well as some of the facilities. Connection with the outdoors and ability to get into the surrounding area could be improved.

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

4 - Good

Our focus in this inspection was to establish if people's health and wellbeing benefitted from their care and support. We found important strengths which, taken together clearly outweigh areas for improvement. However, improvements are needed to maximise wellbeing and ensure people have experiences and outcomes which are as positive as possible.

People should expect their health to benefit from the care and support provided. Health assessment and screening took place, although records could be improved (See Quality Indicator 5.1). Care and support was based on good practice and evidence-based guidance which was overseen by nurses employed within the service. Staff knew people's health needs well and despite records not always directly supporting care, overall people experienced responsive care and were confident their health needs were met.

Medication was managed using a robust electronic recording system. This meant stocks could be monitored and any errors identified quickly. However, review of medication storage to smaller groups and use of medication cabinets within people's own bedrooms, could provide a less institutional approach. The current trolley and laptop was not in keeping with homely living.

People were encouraged to move and change position. Activity staff supported some people to exercise and take walks outdoors.

Mealtimes were well managed and people told us they enjoyed the food. Some people thought the change of tea-time to 16:30 was too early and wanted more choice over the timing of meals. Menu choices were made prior to mealtimes. This could be visually offered for people with dementia again at the actual mealtime to give more meaningful choice. Ways of involving people in menu planning and mealtime delivery could be explored further so people feel more involved. See area for improvement 1.

People should expect meaningful contact with their loved ones is supported. A visitors booking system was about to be phased out so visits could take place without unnecessary restriction. Visits were taking place and people were able to spend time with their friends and family which was clearly of benefit to their wellbeing. Internet access had improved throughout the building which supports people to stay in contact using digital technology if they wish. People were getting out locally with friends and family. The re-commencement of trips and outings had yet to take place and it was hoped these would be offered soon. Fund raising had taken place for the purchase of a new mini bus and once in place this would help people to visit the local area more easily.

People should expect their health and well-being to benefit from safe infection prevention and control practices. Systems were reviewed recently in response to assurance visits. New staff roles were assigned to support the wider staff group. This helped ensure competency in areas such as hand hygiene and use of personal protective equipment (PPE). Some further changes were identified on this inspection visit to minimise cross infection and support good practice. See area for improvement 2.

### Areas for improvement

1. So people experience better choice at mealtimes the service provider should take account of best practice such as:

- Offering real time visual choices.
- Offer a clear alternative menu for those who don't like the choices on offer.
- Evaluate the times of meals and respond to individual preference as far as possible.

This is to ensure 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)

2.

So people can be assured staffing arrangements and systems are in place to prevent or support any future outbreak of infection the following actions should be taken:

- Staff contingency plan/ escalation process reviewed.
- Infection control audit process made more robust.
- Cleaning schedules further developed in keeping with national guidance.
- Pre-admission assessment reviewed to include screening questions to establish any isolation needs.
- Develop a replacement programme for fabric chairs in communal use, which are worn and hard to clean.
- Hand wash sinks in housekeepers cupboards to have paper towels and bins to support effective use.

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)

## How good is our leadership?

4 - Good

**People should expect quality assurance and improvement is well led.**

There are important strengths which clearly outweighed areas for improvement.

The service used a quality framework which was comprehensive and well designed. This helped to monitor aspects of the service. The addition of self evaluation as a tool using the quality framework for care homes for older people would widen the information collected and support good practice.

Audits were used to check areas of practice and some had a high level of checking which could be time consuming. For example the medication audit which was also carried out using additional "in-house" systems. The effectiveness of some audits needed to be reviewed to ensure they were drove change. Other things may be missed for example personal plan reviews and involvement in personal plans was not monitored sufficiently. This means some individuals experience of care may not be evaluated appropriately. See area for improvement 1.

Accidents, incidents and complaints were recorded and systems were in place to track these to ensure analysis or provide a response. Some aspects of these systems needed review to ensure key staff are aware and completion is monitored so responses are timely.

Stakeholder, resident and relative feedback had not been collected for some time, this meant important views may not be known. Meetings were planned and surveys were due to be issued. This meant people could be involved and influence how improvement will be prioritised. The use of a "you said/ we did" response board could be considered to show listening.

Recent changes had occurred with management and staffing may benefit from review to ensure effectiveness of staff roles. For example there were no staff at "practitioner" grade, this role could be used as support for support workers and supervisor/ nurse roles.

The staff group spoke of some morale issues which could affect team work. The use of resources such as "My home life" could be considered to help create more innovative styles of leadership and build a culture of positive appreciation.

## Areas for improvement

1. So people can be sure quality assurance drives change and improvement where necessary the service provider should:

- Consider inclusion of self evaluation using the quality framework for care homes for older people within the quality assurance system.
- Enhance the monitoring of 6-monthly personal plan reviews
- Ensure feedback is obtained from stakeholders, people who use the service and their representatives and actions are taken in response.
- Enhance staff leadership skills to build capacity for improvement.
- Empower staff at all levels to be involved in service improvement and consider use of "practitioner" roles as described by Scottish Social Services Council to support existing staff roles.

This is to ensure 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

## How good is our staff team?

**3 - Adequate**

**People should expect staff have been recruited well.**

There are some strengths but these just outweigh weaknesses.

Recruitment policy and procedures were set out to ensure appropriate checks were undertaken. An application form, interview, references and Disclosure Scotland check was required prior to staff starting work. This is in keeping with safer recruitment guidance.

Recent recruitment had taken place during a period of high pressure and some aspects had not been conducted robustly. For example, the verification of referees and checking of registration with Scottish Social Services Council or copies of training certificates. Subsequent to the inspection visit recruitment was audited further by the service provider and an action plan put in place to address any missing elements. See area for improvement 1.

New staff felt well supported in their roles and spoke positively about their induction period. Workbooks were used and these were tailored to suit different staff roles. This meant people experiencing care were supported by staff who are confident in their roles and understand their responsibilities.

## Areas for improvement

1.

So people can be confident staff are recruited well, the service provider should ensure robust recruitment practice includes verification of referees, checking with registration body such as SSSC and confirmation of training certificates.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am confident that people who support and care for me have been appropriately and safely recruited". (HSCS 4.24)

## How good is our setting?

### 3 - Adequate

**People should expect to benefit from high quality facilities.**

There were strengths which have a positive impact but some facilities and layout of the service need adjustment to promote more positive experiences.

The small unit (Woodlea) offered a quiet environment and facilities close to where people have their bedrooms. This meant people in this unit experienced small group living which is beneficial to their well-being.

The main house had communal lounges and dining facilities only on the ground floor. This meant people on the first floor had to come downstairs to use them. People in this area experienced a more institutional approach to living. For example the open hatch to the kitchen resulted in noise intrusion into the dining/ lounge areas. People often had to wait for a trolley to come round with drinks/snacks. Changes could be made to improve this as both first floor and ground floor had small kitchenettes which could be used to support people better but were not in current use for people living at the service.

The ground floor had a choice of bath and shower facilities but people on the first floor had to come downstairs to use the shower. Some areas of the home had good use of colour to create contrast and lighting had been improved. However, other areas were still to be done. This meant some people experienced an environment which had been adapted better than others.  
See areas for improvements 1 & 2.

The premises was clean and well maintained. Equipment was checked regularly to ensure people are kept safe. The laundry was in the basement and this meant heavy laundry bags had to be transported up/ down stairs. This should be reviewed to allow easier transportation and safer flow of laundry to minimise cross infection. The housekeeping cupboard facility could also be improved to make use and storage easier and safer.

See area for improvement 3.

People should be able to go outside independently if they are able to do so. However, the doors to outdoor areas were often locked so staff assistance was needed. The outdoor spaces needed improvement to make them safer and more attractive. Options to be involved in outdoor activities such as gardening or walking around the exterior of the building was limited due to the condition of pathways. Outdoor space was not freely accessible or used to its potential. This meant people could not freely choose to spend time outdoors.  
See area for improvement 4.

## Areas for improvement

1.

The service provider should create more small group living in order to allow people to live in a more homely setting. This can foster greater choice and independence if the facilities allow and supports staff to deliver compassionate care with dignity and respect.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes". (HSCS 5.16)

2. The service provider should improve the facilities in order to support people to get the most out of life:

- Wet floor shower should be considered for the first floor, or upper floor to provide greater dignity and choice of facilities.
- Kitchenette facilities should be available for use by staff to support people living in each small group living area (ground and first floor) to allow easier access to drinks and snacks.
- Use of colour and contrast should be improved to help people with dementia and visual impairment to recognise surroundings as far as possible.
- Lighting should be improved in areas which are too dull.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "The premises have been adapted, equipped and furnished to meet my needs and wishes". (HSCS 5.16)

3.

So the setting is safer and cross infection is minimised, the service provider should review :

- location, flow of laundry, provision of hand wash sink in the laundry and
- housekeeping cupboard has unnecessary equipment (such as stainless steel funnel) removed so fill/ tip can be managed more easily. Items stored within are protected from splash contamination.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My environment is secure and safe". (HSCS 5.17)

4.

So people can go outside independently and enjoy gardens which are accessible, the service provider should review:

- access to the courtyard in Woodlea and consider if patio doors can allow easier access from the lounge,
- access to the outdoors from the main house and consider better signposting,
- facilities outdoors so they are more welcoming and
- how people can connect better with the outdoors to allow gardening and walks around the building more easily.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "If I live in a care home, I can use a private garden". (HSCS 5.23)



## How well is our care and support planned?

## 3 - Adequate

**People should expect their personal plan to reflect their needs and wishes.**

There were some strengths but these just outweighed weaknesses. These need to be addressed to ensure people benefit from care and support planning which consistently informs all aspects of the care and support they experience.

New electronic personal plans were introduced and staff were still in transition from one system to another. Unfortunately this meant parts of the personal plans were not completed and some actions were not clear enough to direct consistent care. This meant people could not be sure their care needs would be known and correct actions taken to meet them.

The use of handsets to record care meant there were records of some aspects of care and support. However, this lacked detail and staff were not using the system to record additional details. For example exact positional changes or fluids that in some cases recorded a low intake which was inaccurate due to the amounts not being detailed enough.

Personal preferences for care could only be seen using a laptop and this was not easy to access. This meant staff were not directed clearly enough to ensure care planning accurately reflected people's needs and wishes. People had limited involvement in the care planning and review process and this meant there was limited opportunity to ensure their wishes and preferences were known. In addition care reviews which should take place every 6 months had fallen behind. This was not in keeping with current legislation. The service provider was aware of these deficits and were taking steps to address. See area for improvement 1.

Anticipatory care plans were in use to make sure staff knew about future wishes in the event of changes should people become unwell. However, these were used inconsistently and the summary had not been shared with G.P.'s to ensure a wider record. See area for improvement 2.

**Areas for improvement**

1.

So care plans reflect people's needs and wishes effectively the service provider should ensure:

- staff competency in completion of personal plans with clear leadership,
- people have meaningful involvement in their personal plans,
- people have representation to ensure their preferences and wishes are known,
- 6-monthly reviews take place which meaningfully check accuracy as people's needs change,
- staff can see "at a glance" how to support people, for example using one -page profiles.

This is to ensure 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)

2. The service provider should use best practice in anticipatory care planning and ensure this links to E-KIS.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "My future care and support needs are anticipated as part of my assessment". (HSCS 1.14)

## 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 service provider should create more small group living in order to allow people to live in a more homely setting. This can foster greater choice and independence if the facilities allow and supports staff to deliver compassionate care with dignity and respect.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

**This area for improvement was made on 3 July 2019.**

#### Action taken since then

There was no change in how small group living was supported.

This area for improvement is not met and repeated in this report.

#### Previous area for improvement 2

The service provider should improve the facilities in order to support people to get the most out of life:

- Bathing facilities, especially on the first floor should be improved to allow increased comfort and support to those who are frail. Shower attachments should be included and wet floor shower to provide choice.
- Kitchenette facilities should be available in each small group living area to allow easy access to drinks and snacks.
- Use of colour and contrast should be improved to help people with dementia and visual impairment to recognise surroundings as far as possible.
- Safer use of housekeeping trolleys to ensure they do not pose a risk from unattended chemicals.
- Commode pots and urinals should be cleaned using an agreed protocol and staff should be familiar with the use of the washer.
- Sluice and house keeping cupboards should be upgraded to include hand wash facilities.
- Areas of the home which are too hot should be controlled so they are comfortable. Floor based fans should be limited as these are hazardous.
- Lighting should be improved in areas which are too dull.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

**This area for improvement was made on 3 July 2019.**

#### Action taken since then

Some improvement was made to bathroom and shower facilities. Housekeeping cupboards and sluice had handwashing facilities. Other areas still needed more work.

This area for improvement is not met and has been re-worded to reflect current findings in this report.

### Previous area for improvement 3

The service provider should further develop support for meaningful activity. With particular regard to:

- People at the later stages of dementia to ensure they have opportunities for tailored sensory interaction suitable to their needs and wishes.
- People who need support to spend their money to ensure this benefits their day to day life and is agreed reviewed at six monthly meetings.
- Consider how to use volunteers within the service more proactively to enhance day to day living.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

**This area for improvement was made on 3 July 2019.**

#### Action taken since then

A new activity lead was in place and activities were observed to take place. This area for improvement is on-going.

### Previous area for improvement 4

The service provider should improve the method of offering choices at mealtimes. This should take account of best practice such as:

- Offering real time visual choices.
- Offer a clear alternative menu for those who don't like the choices on offer.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.33 I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning.

**This area for improvement was made on 3 July 2019.**

#### Action taken since then

This area for improvement is not met and is repeated in this report.

### Previous area for improvement 5

The service provider should continue to improve practice in relation to dementia care, palliative care, infection control, mealtime experience and other key areas to ensure assessments are carried out by competent staff.

This should include the following:

- Review roles and function of nurses and senior carers to ensure there is best use of how roles and how shifts are led.
- Clear responsibility for key areas of clinical improvement within the service.
- Leadership training to support staff development.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 1.24 Any treatment or intervention that I experience is safe and effective.

This area for improvement was made on 3 July 2019.

## Action taken since then

This area for improvement is on-going.

## Previous area for improvement 6

The service provider should use best practice in anticipatory care planning and ensure this links to E-KIS.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:  
1.14 My future care and support needs are anticipated as part of my assessment.

This area for improvement was made on 3 July 2019.

## Action taken since then

This area for improvement is not met and is repeated in this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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