

# Gibson House Care Home Service

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St. Andrews  
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Telephone: 01334 474 665

**Type of inspection:**  
Unannounced

**Completed on:**  
23 May 2022

**Service provided by:**  
William Gibson's Trust

**Service provider number:**  
SP2003001624

**Service no:**  
CS2003007091

## About the service

Gibson House is a charitable trust under the direction of a Board of Trustees. Residential care is provided in a two storey, listed building. The home sits in attractive garden grounds and is within close walking distance of St. Andrew's town centre and all local amenities.

Gibson House is registered to provide care for a maximum of 34 older people in single rooms. There were 28 people living in the service at the time of the inspection. Nursing care is provided by the Community Nursing Service. Respite and short stay support is offered on a bed availability basis.

This service has been registered since 2002.

## About the inspection

This was an unannounced inspection which took place on 17 and 19 May 2022. The inspection was carried out by two inspectors 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 six people using the service and four of their family or representatives
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

People were able to stay well connected with family and friends.

Care planning required further development to fully support care.

Staff deployment did not always support positive outcomes for people.

Families were happy with the care their loved one received.

Infection prevention and control practices could be improved.

The environment could be used more effectively to promote independence.

## 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 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?

## 3 - Adequate

We found that there were some strengths in this area but key aspects of performance needed to improve. We have evaluated this key question as adequate.

Medication was being managed well and people's medication needs were regularly discussed with visiting professionals. Frequent medication audits ensured that people received the right medication at the right time. People could be confident that their medication was being managed in a safe and competent way.

Health assessments were being undertaken for falls, weight management and pressure area care. These did not always involve evidence based tools. Information was held on a variety of different paperwork. This meant that information might not always be used in the most effective way. Where risks are identified through health assessment it is important that these are managed with a clear plan of care. Staff must have adequate, accessible information with which to guide care. A requirement is made. **(See requirement 1.)**

People reported being happy with the meals on offer. One gentleman replied to a comment about his food looking good by saying 'it always is'. Mealtimes follow a fixed schedule. Two people commented 'you have to be down for 8am sharp'. There is a risk that care can become task orientated at times, if staff feel the pressure of a rigid routine. This reduces the opportunities for independence to be promoted. We discussed the need for flexibility with the morning routine, especially when staffing numbers fall below the desired levels.

Residents told us they could contact family whenever they wanted and were supported to do so by phone or video call. Relatives we spoke to praised the staff and management and were keen to tell us that visiting, phone calls and video calls had all been well supported. We saw that people were supported to take calls from relatives via the home's mobile phone. Some people had their own phones which they could either use independently or with support. Visiting was evident throughout the duration of the inspection. Care notes showed that families were regularly updated about changes to their loved one's care. We could therefore be confident that people were supported to stay connected to people outwith the home.

People were supported in a homely environment which was free of intrusive smells. Although we saw that an adequate number of domestic staff were working throughout the day, some areas and equipment would benefit from more thorough cleaning. Items of furniture and personal care equipment were not always cleaned to the standard we would expect. Infection prevention and control was compromised as a result.

The service would benefit from further attention to infection prevention and control practice. Some staff were not wearing their personal protective equipment (PPE) correctly and this was not highlighted to them by other staff members. Personal protective equipment was not always being disposed of in the correct way. A number of bins were broken and could not be operated by foot pedal. This meant that people were at greater risk of infection spread. The manager took immediate action to address these issues during the inspection. A previous requirement was not met. **(See 'What the service has done to meet any requirements made at or since the last inspection'.)**

## Requirements

1.  
By 28 July 2022, you must protect the health, welfare and safety of those who use the service. In particular, you must ensure that all personal plans have up to date health and risk assessments which:
  - a) accurately reflect risks that have been identified, the assessment of these and steps to be taken to reduce and/or mitigate the risks
  - b) clearly alert staff to changing health needs and set clear criteria for action and referral
  - c) reflect a responsive and person-centred approach
  - and
  - d) are fully implemented at all times.

This is in order to comply with Regulations 3, 4(1)(a), 5(1), 5(2)(a), 5(2)(b) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

## How good is our leadership?

**3 - Adequate**

We found both strengths and weaknesses in this area, therefore we evaluated this key question as adequate.

Quality assurance processes within the service were not always picking up issues of concern. A number of audits and systems of overview were in place. Cleaning schedules were checked regularly, there were monthly environmental audits and staff hand hygiene was spot checked. Standards of hygiene in the home did not reflect the number and frequency of quality assurance checks being undertaken. We discussed ways in which the intensity and frequency of audits could be used most effectively to create positive change.

**(See area for improvement 1.)**

## Areas for improvement

1.  
The provider should ensure that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified, they should contribute to a development/improvement plan for the service. To do this, the provider must at a minimum:
  - a) review and update audit tools and processes; and
  - b) implement a development/improvement plan that identifies who is responsible for the improvement and timescales for that work to be undertaken.

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

'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

We found both strengths and weaknesses in this area, therefore we evaluated this key question as adequate.

Many of the staff were experienced and confident. They felt able to feed back any concerns to seniors and management and felt new starts were well supported. One staff member told us "it's like a big family here" and another said "we all help each other as much as we can." There was a clear sense of pride in the work and a willingness to be flexible to support colleagues and residents.

A dependency tool is in place to inform staffing levels but is limited in its scope. It is acknowledged that the home are actively taking steps to source a tool that works better for them and this should be a priority. Despite the tool suggesting the home was overstaffed on the day, most staff we spoke to felt they were understaffed at other times. This affected outcomes for those living in the home, especially over the early morning period. We discussed the organisation and structure of the day with the manager during the inspection.

There were a number of falls recorded recently within incident and accident records. Evaluation of falls took place but it was unclear whether this meant that additional staff were required in certain areas of the home. Accident and incident records should inform the dependency tool in order to ensure that staffing is responsive and flexible.

We observed a full staff group in place on the day of inspection so could be confident that people's basic needs were being met. However, we felt there were a number of missed opportunities to deploy staff more effectively. There were periods in the day where we saw at least two staff either in the entrance area or the communal area but with no group or one to one activity taking place. This meant that people's emotional and social needs may not be met in full.

## How good is our setting?

### 3 - Adequate

We found some key strengths in this area but these were outweighed by some important weaknesses, therefore we evaluated this key question as adequate.

We saw some level of choice of how to use the setting including how people chose to lay out and decorate their rooms. We saw people mobilising independently around the home and those who required assistance to use the toilet or go for a cigarette were supported to do so as soon as they asked.

We found that the layout and design of the building placed significant limits on residents' ability to be independent. The communal room was too small for the number of people who want to use it. On at least two occasions during our visit residents went to spend time there but had to turn round because there was no space.

The activities we observed did not have a high level of participation and this was at least in part due to the layout of the small room where seats face in different directions and there is very little space for staff to move around the room when all seats are occupied. Opportunities for staff to spend meaningful time with

people in this space is limited.

We saw a number of missed opportunities for the setting to be used to promote people's independence. There was an attractive communal area currently being used as a staff room as well as numerous empty bedrooms which could be used to undertake group or one to one activities. The communal dining room is a bright and open space which is used occasionally outwith mealtimes. In the dining room there were names at each table which appeared to direct people where to sit. This placed an unnecessary limitation on choice during a key period of the day. A requirement is made. **(See requirement 1.)**

We were told about the garden area being used often but we did not see this on the day despite there being ample staff and the weather being pleasant. Access to this area would usually be via the communal room which is currently out of use for residents. This meant that people could not easily use the outdoor space.

## Requirements

1.  
By 28 July 2022, the provider must ensure that people experience an environment which provides adequate communal space to meet people's social needs. To do this the provider must, at a minimum:

- a) ensure that the layout of communal spaces promotes mobility and maintains safety
- b) ensure that facilities provide opportunities to promote independence and choice
- c) ensure that people can independently access the outdoors, if assessed as safe to do so; and
- d) deploy staff in a way which promotes social interaction and encourages meaningful engagement to support people's emotional and psychological needs.

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 10(2)(a), (b), (c), and (d) – Fitness of premises.

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

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

## How well is our care and support planned?

## 3 - Adequate

We found that strengths just outweighed weaknesses in this key area. Some areas of performance needed to improve. We evaluated this area as adequate.

Care plans contained inconsistent levels of information. At times, care plans did not provide all of the information required to guide care. Skin care planning required further development in order to ensure that plans effectively informed staff practice. Paperwork to support skin care practice required further attention to ensure that it was accurate and effective. People were at risk of skin breakdown and delayed healing as a result. A requirement is made. **(See requirement 1.)**

Families were regularly updated about their loved one's care. We saw that families were informed when care needs changed and had been involved in some aspects of care planning. People were involved in agreeing to their plan of care. Care plans were regularly reviewed with the person receiving care. People could be involved in making sure that their care plan reflected their choices and wishes.

The service would benefit from continuing to develop end of life care plans. End of life care plans were not included in all care files. Care plans which were included contained adequate detail to guide care and reflected peoples' preferences well. The manager was aware that this area required further development in order that all people living in the service had an up to date care plan.

## Requirements

1.

By 28 July 2022, you must protect the health, welfare and safety of those who use the service. In particular, you must ensure that all personal plans have up to date care plans which:

- a) accurately reflect the assessed current health and care needs of the service user, with priority being given to skin care, falls management, nutrition and end of life care
- b) include person-centred information outlining needs, abilities and support required to meet those needs; and
- c) are fully implemented at all times.

This is in order to comply with Regulations 3, 4(1)(a), 5(1), 5(2)(a), 5(2)(b) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My personal 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).

## 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 people experience a service with well trained and competent staff the provider must address identified staff training needs by 12 March 2021.

In particular you must ensure:

- a) That all staff have received training on the correct use and disposal of PPE, infection prevention and control.
- b) That all staff are supported to be fully aware of their responsibilities and that safe infection prevention and control practices are adhered to by all staff at all times (following NIPCM and COVID-19 guidance).



c) There is an effective and comprehensive system in place to assess staff competency and ongoing compliance with PPE use and disposal.

This is to comply with Regulations 4 (1) (a) and (d)(welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 4 February 2021.**

#### Action taken on previous requirement

The service had a number of audits, spot checks and competency assessments in place to support correct infection prevention and control practice. Staff were not always adopting best practice with infection prevention and control. Good practice and competency in infection prevention and control and the use of PPE remain ongoing areas for improvement. Not all staff were yet fully competent in the use and disposal of PPE.

Areas a) and c) have been met. Area b) remains outstanding.

**Not met**

## 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 should ensure an appropriate range of social events and activities are provided each day to ensure the physical and mental wellbeing and cultural needs of residents are met.

This is in order to ensure that 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).

This area for improvement was made on 10 December 2019.

**This area for improvement was made on 10 December 2019.**

#### Action taken since then

Limited progress has been made in this area for improvement. Two activities take place each day, these are informed by assessments held within care plans. We observed one activity in the communal lounge where only two of nine residents there engaged in the activity. There was no alternative activity offered for those who did not take part. There is an activities folder in place which states which activities have taken place and who took part. There is a feedback section but very little evaluation to inform future planning. As a result we could not be confident that an appropriate range of activities were on offer in order to meet the

needs of all residents.

The setting limits positive outcomes for residents in terms of meaningful activities. The communal lounge is a very small room and some residents were not able to utilise this area when they wanted to as there was no space. We saw a number of missed opportunities to use other spaces including the dining room, a communal area which is currently being used as a staff room and a number of empty bedrooms. We visited the care home on a sunny day and the well-presented and inviting outdoor space was not used. The care home could make better use of the space available to them for group and one to one activities.

This area for improvement is not met.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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	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 arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	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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