

Gowanlea Care Home Service

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Bannockburn
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Telephone: 01786 811 460

Type of inspection:
Unannounced

Completed on:
22 June 2022

Service provided by:
Gowanlea

Service provider number:
SP2003002698

Service no:
CS2003011516

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com. This service has been registered since 2002.

Christadelphian Care Homes is a voluntary, non-profit organisation. Gowanlea Care Home is the organisation's only care home in Scotland, with another nine homes located in England. The home is situated in Bannockburn just outside Stirling and is close to local services, such as shops and the bus service. The service has 11 bedrooms, one of which is a double room, and is registered for 12 residents. At present, all rooms are of single occupancy. There is a warm, homely communal lounge and dining area. All food is prepared in the home. Personal laundry is also done on the premises. At the time of this inspection, there were eight people living in the home.

The aims and objectives of the service as stated by the service provider: 'to provide safe, warm, comfortable accommodation that will enable residents to maintain a high standard of dignity and quality of life, in friendly surroundings, while having the company of those who share their faith, hopes and values'.

About the inspection

This was an unannounced inspection, which took place on 17 June from 9.30 till 2pm and 22 June from 9.30 till 1.30pm.

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 four people using the service and three of their family members
- Spoke with four staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- People were supported by skilled staff who knew them really well.
- Events and activities were frequent and well organised in line with people's personal preferences, interests and abilities.
- The premises were very well maintained, very clean and well equipped.
- The team worked hard to support positive relationships with people's friends and relatives and were fully supporting Open with Care.

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?	5 - Very Good
How good is our leadership?	4 - Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question overall as very good.

People experienced warmth, kindness and compassion in how they were supported and cared for.

People told us they felt happy in their home, and their right to make choices and direct their support was fully embedded within the culture of the service. They had opportunities to discuss and make decisions about the service.

We observed how staff interacted respectfully with people. Gowanlea felt very much like people's home. People moved around freely, helping themselves to drinks and snacks and staff responded to people's requests for activities or specific support.

We spoke to relatives, one of whom who told us "I do feel that my (relative's) needs are well met, she is cared for by staff who know her well and they try their best to support her. She eats very slowly so they got her a hot plate to help keep her food warm. Things like that they do to make things better".

Another relative told us, "Overall they do a fabulous job caring for my relative, I am absolutely delighted. I can visit when I want to. I can see that my relative is well looked after".

A third relative shared their view of the care their loved one received. They said "Any problems or concerns at all they phone me straight away, and tell me what they are doing, phoning the doctor for example. I can visit anytime I want to. I've nothing but praise for them. My relative is supported to use the tablets they have in the home so I can call and see her every night and that has been very reassuring".

People received very good support to attend to physical health needs, with staff responding appropriately to any changes in health or following any accidents people had. This meant that people received prompt medical attention should they need it, as well as support from other allied professionals such as, social workers and nurse specialists.

The service was good at ensuring people maintained relationships with those important to them. Friends and relatives were made to feel welcome, and people were supported to build and maintain community links where this was appropriate to their needs too. We heard from one person how they liked to go on bus trips to other parts of the country and get out in the local community independently.

Other people told us about organised trips and events that had started to happen more now that pandemic restrictions had eased. This helped people to maintain their sense of identity and continue with meaningful relationships they had prior to and since moving into the home. There was work underway to ensure that, where possible, more community integration could happen. The service had supportive links with the local Christadelphian Church, who supported people's spiritual needs through regular bible readings as well as offering outings and entertainment through the Church welfare committee.

We had made an area for improvement around person centred and structured activities, that the service had met at this inspection. The planned improvements to activities should further enhance people's quality of life whilst living in Gowanlea.

We observed a meal time experience for people living in the home. This was very pleasant, with staff providing well presented freshly cooked meals, offering extra condiments and side dishes which people really enjoyed. People were able to chat together and staff facilitated further conversations in a natural and respectful way. This contributed to the homely atmosphere and very good quality of life people experienced.

The home was very clean and well presented. The staff worked very well together and supported each other in their duties. The manager described how although domestic duties were carried out by all the care team, there was one member of staff who was taking on a particular focus around this. We had observed this on our first visit and found that staff member to be confident and articulate around measures in place, to keep the home clean and free from infection risks. We observed staff using PPE appropriately. This helped ensure people were kept safe.

There were systems in place to ensure the safe and effective cleaning of all areas of the home, with regular checks on hand hygiene, use of PPE and IPC.

There were sufficient provisions of PPE and hand sanitiser throughout the home, and additional supplies were kept on site supporting the home to keep staff and residents as safe as possible should they have an outbreak of infection. We discussed with the manager about ensuring any PPE stored in people's bathrooms was kept covered in appropriate storage. The manager had already begun sourcing suitable storage for this purpose and agreed to complete this quickly.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People could be assured that there were systems in place to monitor standards of care within Gowanlea. This included, audits for key areas including care planning, medication and premises and equipment checks. The service was supported by the organisation through an annual support visit from senior managers which helped inform the service's action plan.

The local management team had begun to look at further areas in order to improve experiences for people living and working in the home. This included, revising menus and seeking more regular feedback from relatives, and more structured supervision for staff with a focus on observation and feedback around practice. We will assess how effective these measures are once they have become embedded in practice.

Feedback from relatives and residents indicated that management were very approachable and supportive, and we heard from staff across all departments that they felt valued, included and listened to by the management team.

There was a positive culture and ethos of continuous improvement and development. This meant that people living in the home were cared for and supported by a dedicated and positive workforce.

Further work was still needed to fully address an area for improvement made at the last inspection. This was about ensuring regular reviews of people's care took place. We took account of restrictions the service experienced throughout the pandemic and that interim measures at least, ensured that care plans were

frequently checked to ensure they continued to meet people's needs. The area for improvement is repeated and we expect to see this fully progressed at the next inspection. See area for improvement 1.

Areas for improvement

1. The service should evidence their care reviews for people in a meaningful way. The views of residents should be clearly sought regarding their current and future care, and if unable to do so then welfare appointees must be consulted on their behalf. Professionals involved with people who have additional care needs should also be given the opportunity to contribute. The service should consider the Health and Social Care Standards during the review process.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards 1.12 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change and 2.12 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account'.

How good is our staff team?

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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

Daily meaningful activity for people is available but some improvements could be made in this area going forward. The service should ensure that activities are person centred and that there is structured activity offered at times that suit people and for people with dementia. All staff should be encouraged to promote daily activity with residents.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.25 which states '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.

This area for improvement was made on 4 March 2020.

Action taken since then

We found that person centred activities were offered to people through structured planned activities as well, as ad hoc activities which were varied depending on people's preferences, interests and abilities. There were activities that helped support people with dementia that included, elements of reminisce for example and physical activity in order to contribute to overall health and wellbeing.

This area for improvement is met.

Previous area for improvement 2

The service should evidence their care reviews for people in a meaningful way. The views of residents should be clearly sought regarding their current and future care, and if unable to do so then welfare appointees must be consulted on their behalf. Professionals involved with people who have additional care needs should also be given the opportunity to contribute. The service should consider the Health and Social Care Standards during the review process.

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This area for improvement was made on 4 March 2020.

Action taken since then

The service had introduced monthly evaluations of care plans, in order to ensure that people's needs were still being met by the existing care plan. This did not fully meet the area for improvement around meaningful evidenced reviews that showed involvement and participation of residents, relevant others and professionals.

Whilst we could see some evidence that this was happening it was not captured in an organised and informative way at the appropriate intervals, linking back to the care plan and relating to any changes that needed to be made. This area for improvement has been repeated.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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