

Gilmerton Care Home Service

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Edinburgh
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Type of inspection:
Unannounced

Completed on:
17 November 2022

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.

About the inspection

This was a follow up inspection to evaluate progress on two outstanding requirements and three areas for improvement made on 04 August 2022. We also evaluated progress on one requirement made following a complaint inspection on 06 September 2022. The requirements were regarding:

- people's needs being met by the right number of staff
- people's care and support being regularly reviewed
- the assessment, care planning and monitoring of people's moving and handling needs.

This was an unannounced inspection which took place on 17 November 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, information submitted by the service, complaints and intelligence gathered since the last inspection.

Key messages

- People's care and support needs were met by the right number of staff due to the use of an improved staffing tool.
- People's care and support was regularly reviewed.
- We made an area for improvement regarding review minutes being linked to people's chosen outcomes.
- We saw improvements in the assessment, care planning and monitoring of people's moving and handling needs.
- Quality assurance had improved due to the implementation of a service development plan.
- Refurbishment work had commenced, creating a better environment for people.

How well is our care and support planned?

When we inspected in August 2022, we made a requirement regarding care and support planning. Information in plans was regularly updated but personal plans were not being reviewed on a six monthly basis. People did not have the opportunity to meet with staff, their relatives and health professionals to evaluate and review their care and support.

At this inspection we found improvements in this area. These are noted in the 'outstanding requirements' section of this report.

This requirement was considered met, but we noted that improvements were required in the recording of review minutes. Resulting actions and outcomes from reviews were not always noted. We asked the manager to ensure that reviews were more focused on people's chosen outcomes and for actions and outcomes to be completed at each review. **See area for improvement 1.**

Areas for improvement

1. Records of people's six-monthly reviews should be kept, detailing the discussions and decisions made and any actions and outcomes to be completed following the review.

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

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

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

Requirements

Requirement 1

By 10 November 2022, the provider must ensure that people can be confident that their needs are met by the right number of staff.

To do this, the provider must, at a minimum:

- a) use a recognised tool to calculate people's needs and demonstrate how this relates to staffing
- b) take into account time for staff to complete non-direct care work, the layout of the building and the skills and experience of staff
- c) demonstrate a flexible response to staffing across the home to ensure people's needs are consistently met.

This is to comply with Regulation 15(a) (Staffing) 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 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 requirement was made on 4 August 2022.

Action taken on previous requirement

When we visited the home, we found improvements in this area.

Since the last inspection, the service had implemented a new dependency tool to inform staffing levels across the home. The new tool took into account both care related tasks and non-direct care work. Assessments of people's needs regularly took place and this information was entered into the staffing tool by the manager. The resulted in a report to inform the service how many staff were required in each unit across the home.

The information from this report was used to inform staffing in the home. The manager used this information alongside her own observations and regular feedback from staff to decide how staff would be allocated. Rotas reflected different levels of staffing across the four units of the home.

Our observations also showed that staffing levels were adequate to meet people's needs. There was a calm atmosphere in the home and staff were available to tend to people's care and support needs. Staff were available to respond quickly to people requesting assistance and did so in a supportive and caring manner.

Staff we spoke with confirmed they had enough time to carry out all tasks required from them. People experiencing care benefitted from regularly being cared for by the same members of staff and spoke favourably when discussing their relationships with them.

We were assured that people's needs were being met due to sufficient staffing levels informed by the use of a recognised staffing tool.

We consider this requirement to be met in full.

Met - within timescales

Requirement 2

By 10 November 2022, the provider must ensure that people's care and support is regularly reviewed.

To do this, the provider must ensure that, at a minimum:

- a) people benefit from care plans that are regularly reviewed, evaluated and updated involving relevant professionals
- b) reviews take account of best practice and people's own individual preferences and wishes
- c) reviews take place at least six monthly, when requested or when needs change
- d) records are kept of the discussions and decisions made and any actions to be completed following the review.

This is to comply with Regulation 5(2b) (Personal Plans) 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:

"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) and

"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).

This requirement was made on 4 August 2022.

Action taken on previous requirement

When we visited, we found improvements had been made in this area.

The service had developed a schedule for the six-monthly reviews of people's care. In the three month period since this requirement was made, two-thirds of people experiencing care had taken part in a six monthly review. Those which had not yet taken place were all scheduled to be held over the coming weeks.

We looked at minutes of review meetings that had taken place since the previous inspection. Clinical information was gathered for the reviews in advance and then discussed during the meeting. People experiencing care, their family members and representatives, nursing staff, keyworkers and other professionals were involved in review meetings. The views of people experiencing care and their representatives were given priority during the review process. People experienced better care as a result of regular reviews.

We noted that improvements were required in the recording of review minutes. Resulting actions and outcomes from reviews were not always noted. We asked the manager to ensure that reviews were more outcome focused and for actions and outcomes to be completed at each review. We made an area for

improvement regarding review outcomes. This is noted earlier in this report under the section titled 'how well is our care and support planned'.

We consider this requirement to be met but asked the service to focus on the recording of outcomes as identified in the new area for improvement.

Met - within timescales

Requirement 3

By 14 November 2022, the provider must evidence improvement in the assessment, care planning and monitoring of people's moving and handling needs.

To do this, the provider must, at a minimum:

- a) ensure care plans are reflective of the outcomes of fall and moving and handling risk assessments where appropriate. Where these are updated, all relevant aspects of the care plan should be reflective of any changes to the provision of this support
- b) ensure care plans are reviewed and updated by a competent person to detail how a person is to be supported with moving and handling
- c) ensure that changes to moving and handling support is effectively communicated to staff to ensure practice is reflective of peoples' needs
- d) ensure effective quality assurance systems are in place to review documentation and ensure positive outcomes are achieved for people experiencing care.

This is in order to comply with Regulation 4(1)(a) 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:

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

This requirement was made on 6 September 2022.

Action taken on previous requirement

When we visited we found improvements had been made in this area.

People's moving and handling needs and their risk of falls had been assessed. Personal plans detailed information about people's support needs in these areas. These support needs were referenced effectively throughout people's personal plans.

Management had implemented effective systems to oversee the update and review of personal plans. Moving and handling audits had been undertaken. Daily clinical report meetings were held with the nursing team. These identified changes to people's moving and handling needs and how these were reflected in people's personal plans. People's changing needs were discussed in handover meetings, identifying the support people needed to move safely.

Staff we spoke with demonstrated knowledge and understanding of people's care and support needs. Staff could describe how many people were required to safely assist people to move and minimise the risk of falls. This included where people's needs had recently changed, therefore people could be assured that their support continued to reflect their needs.

We consider this requirement to be met in full.

Met - within 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

To support improvements in the home, the service should agree and share a service development plan. This should set out clear direction and plans for improvement in all aspects of the running of the home and include clear timescales for each improvement.

This should be shared with people experiencing care and their representatives.

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

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This area for improvement was made on 4 August 2022.

Action taken since then

The home had a comprehensive service improvement plan in place.

The plan covered care reviews, staff development (supervision and team meetings), learning and development, people's dining experience and nutrition, meaningful activity, personal plans and staffing levels and dependencies. The plan incorporated all requirements and areas for improvement identified during the August 2022 inspection.

Each theme on the plan included several strands noted for development. Actions for improvement, a named person responsible, timescales for completion and review dates were noted on the plan. Some items were signed off as completed and some remained ongoing. The plan was regularly reviewed by the service manager and regional support manager.

This area for improvement has been met.

Previous area for improvement 2

To support staff opportunities for discussion regarding practice, training needs and future development, the provider should ensure that all staff receive regular, planned supervision, in line with organisational policy.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 4 August 2022.

Action taken since then

We saw improvements regarding the provision of supervision for staff.

A planner was in place to ensure that all staff received regular supervision. Staff confirmed that they were able to contribute to the agenda for their supervision meetings and spoke positively of the process of supervision. Themed group supervision meetings had also been implemented.

We reviewed a series of supervision minutes and saw that staff were able to discuss their practice, training needs and agree areas for development in their role.

Supervisors had received training in how to conduct meaningful supervision meetings. We noted that some minutes of supervision meetings lacked detail and asked the service to give this area attention.

This area for improvement has been met.

Previous area for improvement 3

To improve the setting, the provider should complete a programme of refurbishment that brings the setting up to the standard needed to promote and enable people's independence and comfort. This should include clear timescales for completion and be shared with the Care Inspectorate.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24); and

'As an adult living in a care home, I have en-suite facilities with a shower and can choose to use a bath if I want' (HSCS 5.30).

This area for improvement was made on 4 August 2022.

Action taken since then

A service development plan has been introduced in the home (see area for improvement 1). The plan included environmental factors and noted which areas of the home required refurbishment. Actions to be taken were noted with a named person responsible and target date for completion.

The reception area was noted for refurbishment and signed off on the plan as completed. We noted a considerable improvement in the reception area which was clean, well presented, freshly decorated and welcoming.

Actions for the remaining refurbishment arrangements were noted on the service development plan.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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