

Goldielea Care Home Care Home Service

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Unannounced

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Service provided by:

Goldielea Care Home Limited

Service provider number:

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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 parkland with countryside views. At the rear of the building there is a large pond with bird life.

Accommodation is provided between two units over three floors with lift and stair access.

The main unit has communal areas located on the ground floor comprising of three sitting rooms, dining area, conservatory and access to gardens.

All bedrooms have en suite toilet and wash basin. There are communal bath and shower facilities on each floor.

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

During the inspection there were 45 residents living in the home.

The service provider aims "to provide a homely atmosphere where family and friends are always welcome and where residents may remain independent but safe in the knowledge that care is always at hand".

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

What people told us

Prior to the inspection we issued questionnaires to help gauge the views of people who use the service and their relatives.

We received nine completed questionnaires from people who use the service. Of these five "strongly agreed" and four "agreed" overall they were happy with the quality of care.

One person made additional positive comments "staff all helpful, home spotless and care is excellent."

Two people did not feel they were asked for their opinions, one person stated "the food is not good" and "some staff are more sympathetic than others."

We received six completed questionnaires from relatives. Of these two people "strongly agreed" and three people "agreed" overall they were happy with the care their relative received. However, negative comments were also made in relation to the keyworker role and communication not always being good. Two relatives felt the food choices could be better and offered more clearly.

There had also been some issues with laundry which we were told had improved recently with the purchase of a new labelling machine for clothing.

During the inspection we spoke to people who use the service and visitors. Overall, people spoke highly of the service. They felt confident in staff and praised the quality of care. There were a few negative comments about the quality of meals and one or two people would like to have additional support to get out more.

We also carried out observations to gauge the views of people who cannot speak for themselves. Most people appeared contented and well looked after. However, we noted some people sitting for long periods of time with little to do. We discussed this with management and made suggestions which they were keen to take forward.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	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?

4 - Good

People should expect to experience compassion, dignity and respect for their rights.

We observed staff interacting with people in a kind, caring manner. Their communication was paced well but at times became more rushed. For example at mealtimes. Overall, we heard very positive feedback about relationships and people felt confident in the staff supporting them. However, choices were not always freely available. For example, where to sit or what to eat was limited. This especially affected people living on the first floor and could be improved by creating small group living situations. There was a culture of "doing for" people rather than encouraging people to be more independent and this could be fostered better if the layout of the service was altered. For example by providing access to small kitchenette facilities. See area for improvement 1.

We evaluated how people get the most out of life and concluded there was lots of effort made to support this. We saw progress in how people were supported to take part in activities. There were regular trips out and a chance to go for a walk outside. Improvement was seen in the decor and furnishings in Woodlea unit. Although there were still improvements needed to further develop the "dementia friendly" environment. People could get more out of life if the facilities were improved. For example the first floor bathroom needed improvement to allow easier access and more independent use. The access to kitchen facilities would create opportunities for maintaining skills and creating more homely living. See area for improvement 2.

Further development was needed to support meaningful activity for people at later stages of dementia. For example using tailored sensory interactions. A small number of people needed support to spend money in their best interest. This was not overseen strongly enough and checked at six monthly reviews. This meant there were missed opportunities to enhance day to day life. We discussed the benefits of using volunteers within the service in order to support people to get more out of life. This is an area which needed development to provide a framework to support the use of volunteers more widely. See area for development 3.

People should expect their health to benefit from the care and support provided. We found medications were managed well but this could be made more homely by reducing use of the large trolley. The small unit (Woodlea) was especially well suited to making this change. For example by the introduction of individual medication cabinets.

People's medical conditions were well documented and staff had a good awareness of these. There was regular monitoring of people's health for example weights, risk of pressure sores and so on.

The meantime experience was not always relaxing and pleasant for people in the main house due to the large room used. Some people did not feel they were offered a choice at mealtimes. This is due to the practice of asking people prior to the meal taking place. A real-time visual choice would be better practice and clearer reference to an "alternative menu" for those who don't like what's on offer. See area for development 4.

The staff group were keen and motivated to develop the service but we saw a lack of progress in some areas. The roles of staff may benefit from review to ensure clear leadership in key subject areas. For example, dementia, falls, infection control and the mealtime experience. A stronger focus on outcomes within the audit process would also be beneficial as some audits were not driving change or improvement. See area for improvement 5.

Overall, there was a high level of confidence in the management of the service and a wider more targeted improvement plan could help to take the service forward more robustly.

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:

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

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 housekeeping cupboards should be upgraded to include handwash 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.

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.

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.

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.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

People should expect their care plans to reflect their needs and wishes. There was a new care plan format being introduced. Some files were complete and others were still in progress.

We found the new format care plans were detailed, up to date and flowed well. This made them easy to use and follow for staff which helps to support individual care preferences.

We discussed with the manager further improvements to reduce duplication and condense some information. Staff may benefit from training in identifying goals/aspirations as these could be more detailed and followed up more closely on reviews to ensure people achieve the outcomes they are looking for.

The use of the multi-factorial risk assessment for falls prevention could be used more effectively to provide a more individual prevention plan. We also noted support to promote continence could be recorded more clearly. This would help ensure people's needs are met as they prefer and in keeping with good practice.

People should expect their future needs to be anticipated and plans put in place to ensure their wishes are known in the event of a change in health. We could not see this being done in an effective way to ensure staff and other health care professionals are aware of these wishes. See area for improvement 1.

Overall, outcomes for people living at Goldielea were positive and people benefited from a stable staff team who knew them well.

Areas for improvement

1. 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.

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 develop a strategy to focus on meeting the needs of people with dementia. This should take account of best practice and provide clear actions in the following areas:

- person centred care/ involvement in care planning
- meaningful activity
- participation in local community
- enablement to have more choices

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.

1.10 I am supported to participate fully as a citizen in my local community in the way that I want.

1.25 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 28 June 2018.

Action taken since then

We saw examples of person centred care and care planning has changed to a new format which is better. Progress was seen in specified areas.

However, there was no dementia strategy, no staff lead on this subject and no dementia ambassadors had been signed up. There were lots of areas of improvement to focus on to ensure the dementia standards were met. For example to ensure people get the right diagnoses, have the right support and particularly to support meaningful activity at the later stages.

These issues are on-going and reflected in areas for improvement of this report.

Previous area for improvement 2

The service provider should review the use of personal plans to reduce areas of duplication and gaps to improve assessment and better meet needs. To do this the following should be addressed:

- review one page profiles so they are up to date and reflect preferences.
- review assessments and remove duplicates.

- ensure finances are considered as to how to support spending.
- use best practice in falls prevention.
- use best practice in anticipatory care planning and ensure this links to E-KIS.
- ensure stress/ distress care plans refer to medications used and review this regularly.
- reconsider how care is planned and recorded for example by using individual active care records.
- this should include oral care and topical medicated creams applied.
- use review process more proactively to discuss changes, check agreements for decision making and agree new plans of care.

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

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.

1.14 My future care and support needs are anticipated as part of my assessment.

1.15 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.

This area for improvement was made on 28 June 2018.

Action taken since then

Bedroom folders were not stored well and seen on the floor of bedrooms or out in the corridor. This needed immediate improvement which the manager agreed to do.

A new care plan format was being introduced which was better than previously seen. However, there was still some areas of duplication and use of some assessments could be better.

This was discussed with management and will be reviewed at future inspections.

Previous area for improvement 3

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

- using protected mealtimes, no medication given out during a meal.
- offering visual choices, fully assist only one person to complete a meal at a time, review the type of glasses and table settings used in small unit.
- reduce the use of frozen foods and increase use of fresh fruit and vegetables.
- review the use of food/ fluid charts to provide clear targets and introduce step 5 of the MUST tool.
- ensure people who are in bed are offered the chance to get up to sit for mealtimes if possible and if not possible are helped to be upright for safer swallowing.

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.

1.34 If I need help with eating and drinking this is done in a dignified way and my personal preferences are respected.

This area for improvement was made on 28 June 2018.

Action taken since then

A new menu had been introduced. However, it was too soon to fully evaluate this. The large scale dining experience in the main house was not homely and the practice of making a choice the day before does not work for people with dementia. Small group living had not progressed. Plans to develop this were still to be confirmed.

Medication rounds were still "institutional" although the use of the trolley at mealtimes was more discreet.

Some people were satisfied with the standards of meals and praised the soup as "always being good". Others found it a "funny mix, particularly at lunchtime". This may need further review of the choices and more proactive offers of an "alternative menu".

This is subject to a further area of improvement in this report.

Previous area for improvement 4

The service provider should review infection control procedures and ensure the environment is safe and suitable for people with dementia. The following should be considered:

- Safer use of housekeeping trolleys to ensure they do not pose a risk from unattended chemicals.
- Small unit carpet and chairs should be cleaned more thoroughly or replaced.
- New procedures and facilities should be used to ensure good practice in cleaning commode pots and urinals.
- Areas of the home which are too hot should be controlled so they are comfortable.
- Lighting should be improved in areas which are too dull.
- Bathing facility should be improved to allow increased comfort and support to those who are frail.
- The main unit should be reviewed to support smaller group living if possible.

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

5.7 If I live in a care home the premises are designed and organised so that I can experience small group living, including access to a kitchen, where possible.

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

5.19 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.

This area for improvement was made on 28 June 2018.

Action taken since then

The housekeeping trolleys continued to pose a risk as at times these were left unattended. It was not possible to lock the chemical sprays away on the trolley. Staff tried to be vigilant.

Some infection control issues were still present in relation to the cleaning of commode pots/ urinals. The maintenance of the washer/steriliser unit had not taken place and staff were not familiar with using it. The house-keeping cupboards and sluice facilities lacked appropriate hand wash facilities.

Some areas of the home were too hot and floor based fans were in use, which can be hazardous. There were still lighting improvements to be made in some areas. The first floor bathroom was in a poor state with open shelving, broken items and a fixed height bath which was not suitable for frailer people to be fully assisted to bathe.

There were no small group living changes yet.

This recommendation is not met and is repeated in this report.

Previous area for improvement 5

The service provider should review use of the current dependency tool and consider how staffing hours can be calculated to take into account the spread out environment and ensure resident's needs can be met particularly between 20:00 - 23:00.

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

3.15 My needs are met by the right number of people.

3.17 I am confident that people respond promptly, including when I ask for help.

This area for improvement was made on 28 June 2018.

Action taken since then

Each file had a dependency assessment calculated monthly. This informed an overall dependency. Staff were deployed in a standard way. We observed the main house to be stretched at times with staff not always in the areas they were needed. This is because the main unit is too spread out. Discussion has again taken place about the benefits of small group living. See area for improvement 1. of this report.

Previous area for improvement 6

The service provider should review roles and function of nurses and senior carers to ensure there is clarity in how shifts are led and responsibility for clinical improvement within the service. Leadership training should be provided 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.

3.14 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.

This area for improvement was made on 28 June 2018.

Action taken since then

There was no change seen to the large unit. The nurse is the shift leader and not able to drive best practice effectively due to time taken in medication administration and shift leadership. Senior Carer roles were still developing. This was well established in Woodlea unit.

This is an on-going area for improvement and repeated in this report.

Previous area for improvement 7

The service provider should improve quality assurance systems in order to drive a culture of continuous improvement. Review should ensure:

- more targeted and specific audit resulting in action plans which drive improvement.
- use of observational tools to inform improvement in staff interactions with people with dementia.
- use of specific audit to improve dementia care such as the Kings Fund Audit - How dementia friendly is your care home?
- results of audit, national focus on best practice and other local issues identified should be used to build a dynamic home improvement plan.

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

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

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

This area for improvement was made on 28 June 2018.

Action taken since then

Changes to the QA system were due to be implemented. Change seemed to be slow.

Progress will be checked at the next 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 well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good

1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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