

## Golfhill Care Home Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

31 May 2019

**Service provided by:**

Advinia Care Homes Limited

**Service provider number:**

SP2017013002

**Service no:**

CS2017361011

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Golfhill Care Home is registered to provide care for a maximum of 105 older people, some of whom may be living with dementia. The service provider is Advinia Care Homes Limited.

The care home is located in the Dennistoun area of Glasgow. There are three separate houses, Craigpark, Alexander and Whitehill each with accommodation for a maximum of 30 residents. A fourth house, Dennistoun, has been designated specifically to provide intermediate care.

Each house has a range of communal facilities including a large lounge/dining room and smaller quiet rooms. There are attractive well-maintained garden areas with seating around the houses that people living in each house can access through patio doors. All bedrooms are single rooms with en-suite toilet and washbasin. There are a variety of bathrooms and showers for shared use. There are separate kitchen, laundry and staff facilities. Car parking facilities are available in the grounds.

At the time of the inspection, there were 91 people using the service.

## What people told us

Most of the people that we spoke with, and people who returned care standards questionnaires to us, made positive comments about the care and support, staff and the service as a whole. Some people commented on issues that they felt could be improved.

The following were some of the comments that were made by people using the service.

'I can walk out of here without any worry.'

'There is not a lot to do during the day.'

'I can talk to them [staff] anytime I have a problem.'

'I don't think there are always enough staff to take everyone to the toilet, particularly at night.'

'Things are on the up.'

**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 staffing?	3 - Adequate
How good is our setting?	4 - Good
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**

People should be recognised as experts in their own experiences, needs and wishes. Many of the people that we spoke with told us that they were happy with the care and support that they were receiving because their views about how they wished to be supported had been sought. They felt that they had contributed and agreed to how their care and support should be delivered. This made them feel in control of what happened in their life.

People should be assessed by a qualified person, who involves other people and professionals as required. We spoke with one relative whose loved one was fairly new in the service. They were very impressed with how quickly staff had picked up that their loved one was not her usual self, and how after carrying out general observations on her, had quickly got a doctor to check her over. They told us that this had made them feel confident in the staff.

People should experience warmth, kindness and compassion in how they are supported and cared for, including physical comfort when appropriate for them and those who care for them. Through using the Short Observational Framework for Inspection (SOFI2) and general observations, we saw staff working with people in a manner that was supportive and encouraging. This made people feel safe.

People should be supported to participate fully as citizens in their local community in the way that they want. On the day of the inspection, there was voting going on in the community. We saw people being supported to go and vote at the local polling station. The service had also employed a customer services officer whose responsibility included promoting community involvement. Children from the local nursery visited the service to meet and interact with residents. People told us that visits from the children always cheered them up.

People should be able to maintain and develop their interests, activities and what matters to them in the way that they like. While there was evidence this was taking place in one of the units, from our observations, we concluded that in other units, opportunities for meaningful activities were limited. We thought that opportunities to make every moment count for individuals were often missed. The service had highlighted this within their improvement plan, as an area they wanted to develop further. An additional activities coordinator was also about to take up post. This would hopefully benefit residents' wellbeing. (See area for improvement 1)

## Areas for improvement

1. While there was evidence of activities taking place in one of the units, from our observations, we concluded that in other units, opportunities for meaningful activities were limited. We thought that opportunities to make every moment count for individuals were often missed. Meaningful activity would be stimulating for people and has the potential to have a positive impact on people's health and wellbeing.

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

I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22)

## How good is our leadership?

**3 - Adequate**

People should be using services and organisations that are well led and managed. The manager presented as being very competent and knowledgeable about the service. In the short space of time she had been in the service, the manager was aware of what needed to be prioritised and done to improve outcomes for people.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Systems for assuring quality were in place. Different audits were carried out internally and also externally by the area manager and quality manager. While management of residents' finances appeared to be in order, there was limited evidence demonstrating that audits of these were being carried out within the service. Carrying out regular audits of residents' finances would ensure that both residents and staff are safe and protected from financial harm and allegations of any financial abuse. (See area for improvement 1)

People should be encouraged to be involved in improving the service they use, in a spirit of genuine partnership. The service had identified a lot of areas that required to be improved. These were detailed in the service's development/improvement plan. All areas identified had arisen from audits that had been carried out either by staff internally or by external managers. There was no evidence to indicate that any of the identified areas to be improved had come about from comments raised by residents or their relatives. We were told that people's views had been sought through surveys but had yet to be analysed. The intention was then to include people's views in the development plan. (See area for improvement 2)

## Areas for improvement

1. While management of residents' finances appeared to be in order, there was limited evidence demonstrating that audits of these were being carried out within the service. Carrying out regular audits of residents' finances would ensure that both residents and staff are safe and protected from financial harm and allegations of any financial abuse.

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

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

2. There was limited evidence to demonstrate that people's views had been sought and that these had been used to improve different aspects of the service, resulting in improved outcomes for people.

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

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

### How good is our staff team?

### 3 - Adequate

People should experience staff speaking and listening to them in a way that is courteous and respectful, with their care and support being the main focus of staff's attention. Residents and relatives that we spoke with were very complimentary about the staff who supported and cared for them. They were described as kind and attentive. We observed staff working with people and we concluded that on the whole, staff had a good knowledge of the people that they supported. We could see that as a result of this, people were happy and relaxed.

People should be supported and cared for by staff they know so that they experience consistency and continuity. The service had a high usage of agency staff. We thought that this had the potential to impact on the continuity of care. The service was currently recruiting staff to cover the vacancies. This would hopefully reduce the use of agency staff and give better continuity of care.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. The service had a strong focus on training and almost all staff had completed and were up-to-date with compliance training. Following any training, staff were expected to demonstrate their competency on what they had learned. New staff were supported through a robust induction where they were paired up with a buddy to help them along the first few months in the job. In addition to this, they had to complete an evidence portfolio by the end of their 12 week induction period. We were satisfied that staff had been recruited safely and that for whom it applied, had live registrations with the relevant professional bodies.

While we were satisfied that staff worked from the right value base, when speaking with them, we were not convinced that all of them were aware of the Health and Social Care Standards (HSCS). Some staff still referred to the old National Care Standards. We have asked the manager to raise awareness of the HSCS amongst staff. Staff within the identified dementia units told us that they could benefit from training in dementia care including training in behaviour that challenges and stress and de-stress training. Staff felt that this training would help them with strategies to support and care for people better. (See area for improvement 1)

## Areas for improvement

1. While some staff members we spoke with were aware of the Health and Social Care Standards (HSCS), others were not aware that these were now operational and were what care services were working to. Staff in the dementia units expressed the need to gain training that would enhance their knowledge and skills in caring for people living with dementia. Evidence to demonstrate that staff had received such training was limited and should be sought and made accessible to staff.

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

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)

## How good is our setting?

### 4 - Good

People should have an accessible, secure place to keep their belongings. All bedrooms were lockable and residents or relatives who wished to keep their rooms locked while they were out of them, had access to their keys. This gave people security in the knowledge that their belongings were safe within their rooms.

People should live in a care home where they can decide on the decoration, furnishings and layout of their bedroom including bringing their own furniture and fittings where possible. People told us that they had been encouraged to bring in suitable personal furniture from home if they wished. They also told us that their loved ones had helped decorate their bedrooms to their personal taste. Having little reminders of their previous home-made people feel at home within the care service.

People should have access to 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. The service had a choice of rooms and areas where people could sit in large or small groups. On the whole, these were pleasantly decorated and furnished. People looked comfortable in them. We noted that the service had a range of equipment such as stand aids and hoists to ensure people remained safe when being assisted to mobilise. This also meant that people did not have to wait a long time if equipment was required to transfer them.

The surrounding gardens were attractive, secure and well-maintained. People in all the units could access the outdoor areas from their units. We saw relatives taking their loved ones out to the garden to enjoy some fresh air. We were told that the gardens were well used during good weather. We noted that people tended to access the outdoors either with their relatives or with a member of staff. We asked the service to consider how they could encourage and enable people to access the secure gardens on their own if they could thus avoiding the need to always wait until staff were free to take them. This would promote people's freedom.

**How well is our care and support planned?****3 - Adequate**

People should be fully involved in assessing their emotional, psychological, social and physical needs at an early stage, regularly and when their needs change. Within the care plans, we saw that recognised assessment tools for monitoring people's health and wellbeing were being used. There was evidence that people had been involved in planning their care. When we spoke with people, some were able to confirm this involvement. This made them feel they still had control of what was happening to them. We saw some good care plans around end of life. The service was moving to new care planning documentation. We thought this was a positive development which hopefully would assist in capturing people's outcomes and also reflect people's experiences better within the care plans.

People's personal plan (sometimes referred to as their care plan) should be right for them because it sets out how their needs will be met, as well as their wishes and choices. Although, we saw a review overview that indicated reviews were being carried out at least every six months, tracking review meeting minutes was difficult. We thought the minutes of reviews we saw were rather basic and lacked relevant information. We asked the service to review this to ensure that review minutes show meaningful and open discussions that have been discussed, for example a planned large expenditure for someone whose funds were being managed by the service. Minutes should also include what has been achieved in the period since the last review and what goals are being worked towards. We also suggested to the service that retaining the last and current review minutes within the care file would mean these would be easier accessed when required. (See area for improvement 1)

We came across care plans that had not been updated when they should have been, for example a mobility care plan where the individual had a history of falls, and a wound care plan where someone was supposedly getting regular wound dressings. This could result in the care being delivered not being in line with the care plan. (See area for improvement 2)

People should be assessed by qualified staff who involve other professionals as required. The service had good links with other health care agencies. We noted that advice and recommendations given by other professionals was included in the care plan to ensure that the best management of a situation or the best treatment was given. There had been some occasions however where there had been delays making referrals to the professional, resulting in a delay in starting the right treatment.

**Areas for improvement**

1. Within some care files, it was rather difficult to locate minutes of review meetings. The minutes we saw were very basic and lacked information such as; what had been achieved since the last review meeting and what goals were identified to work towards.

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

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when needs change. (HSCS 1.12)

2. Care plans should be updated regularly and certainly following any change in a person's needs. This would mean that the care that the person is receiving is always in line with the care planned.

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

My personal plan (sometimes referred to as my 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)

## 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 provider should improve how it records people's medication and fluid monitoring charts. In particular when counting or carrying forward medication totals or setting and monitoring people's fluid intake.

This ensures that care and support is consistent with the Health and Social Care Standards, which state that "If I need help with medication, I am able to have as much control as possible" (HSCS 2.23) and "I experience high quality care and support based on relevant evidence, guidance, and best practice."(HSCS 4.12)

**This area for improvement was made on 8 October 2018.**

#### Action taken since then

There was clear evidence that monitoring charts such as food and fluid intake were being completed fully. The clinical service managers had the overall responsibility to ensure that units adhered to this. They checked it on a daily basis. This area for improvement has been met.

#### Previous area for improvement 2

People have the right to choose an active life. Clear plans should be put in place to improve the quality of life for people who experience this service.

The provider should introduce choices into people's daily lives by offering the opportunity of both indoor and outdoor activity which reflects their needs and preferences.

This ensures care and support is consistent with the Health and Social Care Standards which state "I can choose to have an active life and be able to 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 8 October 2018.**

#### Action taken since then

While some elements of this area for improvement have been met, we still had concerns about meaningful activity in some of the units. We have made an area for improvement regarding this under How well do we support people's wellbeing?



### Previous area for improvement 3

The service should ensure that there are appropriate systems in place to enable staff to report discrepancies in medication management.

This ensures 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)

**This area for improvement was made on 8 October 2018.**

#### Action taken since then

Systems to report errors in medication management were now in place and we saw evidence of where these had been followed. This area for improvement has been met

### Previous area for improvement 4

People who use this service should be confident that staff are safely recruited by using best practice guidance. We have signposted the service to the Safer Recruitment through Better Recruitment guidance.

This ensures 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)

**This area for improvement was made on 8 October 2018.**

#### Action taken since then

We looked at the staff files of four newly recruited staff. We were satisfied that safer recruitment for better recruitment procedures had been adhered to during their recruitment. This area for improvement has been met.

### Previous area for improvement 5

The service should ensure that residents are kept safe and secure when accessing the decked area. This will promote their confidence and enable their independence.

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

**This area for improvement was made on 8 October 2018.**

#### Action taken since then

The decked area referred to had been made secure. There was a padlock on the gate to ensure people could remain safe within the garden area. This area for improvement has been met

### Previous area for improvement 6

Staff should ensure that doors that require to be locked are kept that way at all times to ensure the safety of residents. This will mean people are kept safe.

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

**This area for improvement was made on 8 October 2018.**

## Action taken since then

On the days of the inspection, which included an early morning visit, we found all 'keep locked' doors were locked. This area for improvement has been met.

## Previous area for improvement 7

We made the following area for improvement as a result of a complaint investigation.

The provider should review staffing arrangements to ensure residents receive safe and responsive care. This is to ensure care and support is consistent with the Health and Social Care Standards which state: My needs are met by the right number of people. (HSCS 3.15)

**This area for improvement was made on 14 January 2019.**

## Action taken since then

We looked at staffing rotas for the previous weeks and were satisfied that the service was usually staffed with adequate numbers to meet people's needs which had been assessed using the Indicator of Relative Need (IoRN) tool.

While we thought that this area for improvement, as it stands, had been met, we have commented on the high usage of agency staff, the lack of training in dementia care and management of stress and de-stress. (See text under How good is our staff team? and the associated area for improvement)

## Previous area for improvement 8

We made the following area for improvement as a result of a complaint investigation.

The manager should ensure the health, welfare and personal care needs of the people who use this service are fully met.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. (HSCS 4.14)

**This area for improvement was made on 8 April 2019.**

## Action taken since then

During our observations and from reviewing the support plans and talking to people, we were satisfied that on the whole people's health, welfare and personal needs were being met. We concluded that this area for improvement had been met.

There was a lack of activities and residents' stimulation in some of the units which could have had the potential to affect people's health and wellbeing. We have made an area for improvement under How well do we support people's wellbeing? to address this.

## Previous area for improvement 9

We made the following area for improvement as a result of a complaint investigation.

The manager should ensure people who use this service have their belongings care for and returned to them from laundry service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: My care and support meets my needs and is right for me. (HSCS 1.19)

**This area for improvement was made on 8 April 2019.**

### Action taken since then

We spoke with people about how they felt about laundry and the care of their personal belongings. Those we spoke with did not raise any concerns with us. They expressed satisfaction with the care of their personal clothes which were well laundered and returned safely to them. This area for improvement had been met.

## Complaints

Please see the following section of this report - What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see our website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good
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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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