

## Golfhill Care Home Care Home Service

35 Hanson Street  
Dennistoun  
Glasgow  
G31 2HG

Telephone: 0141 550 2662

Type of inspection: Unannounced  
Inspection completed on: 13 February 2017

**Service provided by:**  
BUPA Care Homes (CFHCare) limited

**Service provider number:**  
SP2003002226

**Care service number:**  
CS2003010417

## About the service we inspected

Golfhill Care Home (referred to in the report as "the service") is registered with the Care Inspectorate to provide care for a maximum of 90 older people, some of whom may have dementia. There were 77 people (referred to as "residents" in the report) living at the service at the time of inspection. The service provider is BUPA Care Home(CFHCare) Limited (referred to in the report as "the provider").

The service is located in the Dennistoun area of Glasgow. There are three care houses each with accommodation for a maximum of 30 residents. Each care house has a large communal lounge/dining room and smaller quiet rooms. Each house has access to the garden 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.

## How we inspected the service

We wrote the report after an unannounced inspection that took place at the service on the 13 February 2017 between the hours of 9.30am and 6.30pm.

The inspection was carried out by three inspectors. A volunteer inspector took part in the inspection. Volunteer inspectors are members of the public who have used a care service in the past or care for someone, such as a family member or friend. They help us get the views of people using the care service. The volunteer inspector's observations are incorporated into this report under the section which discusses service users' and relatives' views. The volunteer's observations were shared with the manager at the end of their visit

The inspection findings were discussed with the manager and clinical services manager at the end of the inspection. The inspection findings were accepted as accurate.

This was the second inspection of inspection year 2016/2017. This report should be read along with the last report of 22 September 2016.

The focus of this inspection was to gain assurance that the service was progressing the action plans submitted following the last inspection detailing how it planned to address the recommendations made. This was to ensure the service was making the right changes and that improvements become embedded. We saw the service was making progress in implementing the action plan.

In order to measure progress we gathered evidence from various sources, including the relevant documentation which included:

- The action plan submitted by the provider to measure progress in meeting the recommendations from the last inspection.
- A sample of residents' care plans and associated records and risk assessments.
- Accidents and incidents records.
- Medication Administration Records (MARs).
- Staff records.

We observed:

- Staff practice and interaction with residents and fellow workers.
- The general environment.
- How meals were served.
- How residents spent their day.

We had discussions with various people including: The manager, clinical services manager, 1 unit managers, 3 registered nurses, 1 senior carer and 6 care staff, 2 maintenance people, residents and relatives.

## Taking the views of people using the service into account

During the inspection the volunteer inspector spoke individually with six residents. We also spoke with residents.

Residents said they liked living here and were very complimentary about how staff cared for them. They said staff were patient and kind. Some said the food was good although said it would be better if there were was more traditional food.

Some residents thought the service could be better if there more to do and less noisy.

Some residents were unable to easily verbalise their views of the service or how staff cared for them. In those instances we observed the interaction between staff and residents to form a view. We saw that residents looked comfortable around staff when there was contact. We saw that residents were well presented and staff were patient and gentle when engaging with them.

Direct comments included:

"I would rather live here than anywhere else."

"Nice place, they look after us well."

"Helpers are kind."

"It's fantastic here, the food is good to."

"It would be better if more traditional food was served."

"There are different things for us to do."

"I would like more to do."

The manager will take account of these views when developing the service.

## Taking carers' views into account

During the inspection the volunteer inspector spoke with eight relatives. We also spoke with relatives.

Relatives were very complimentary about the service and how staff supported residents. Staff were said to be caring and respectful.

Some relatives suggested that the service could be improved if more activities were available and if the noise levels in some units were reduced.

The manager will take account of these views when developing the service.

Direct comments included:

"The care is very good."

"The staff are very caring and patient."

"Its brilliant, so good to my (resident), I can't fault it."

"The only thing is staff get moved and my (resident) gets mixed up."

"Used to be a lot of entertainment but not so much now."

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

#### Recommendation 1

The provider should continue to develop the participation strategy to take account of residents', relatives' and staff views in assessing and improving the quality of service. The strategy should take account of how the views of people with communication or memory difficulties are gathered.

This is in accordance with the National Care Standards, Care Homes of Older people Standard 11 – Expressing your views.

**This recommendation was made on 22 September 2016.**

#### Action taken on previous recommendation

The recommendation had been implemented.

Systems were in place to gain opinions about aspects of support and collate the feedback and share resulting action. Systems included care reviews, newsletter, meetings, residents involvement in staff recruitment and surveys. The manager demonstrated an awareness of the need to further develop residents involvement in ways that were more inclusive of residents living with dementia. While work was still needed in this area the manager was committed to developing all areas of involvement to demonstrate how residents' views impact on service development. We will monitor progress at future inspections.

#### Recommendation 2

The service provider should ensure that records for medication management are improved to show that:

- controlled drugs patches are monitored on a daily basis to ensure these are still in place.
- medication is administered as prescribed and signed accordingly.
- protocols are in place to guide staff in the administration of as required medication.
- carer notes are completed when necessary.
- as required medication is reviewed when given on a regular basis.

- the application of topical creams is applied as prescribed and recorded.

This is in accordance with the National Care Standards for care homes for older people, Standard 15.6 - Keeping Well - Medication.

**This recommendation was made on 22 September 2016.**

#### Action taken on previous recommendation

Progress had been made toward implementing this recommendation. As a result we saw protocols were in place to guide staff in the use of as required medication and medication was reviewed as needed. Refresher medication training was organised for staff and new storage ordered for medication.

However, further work was needed to raised staff understanding of how to complete controlled drugs patch monitoring records and carer notes on the reverse of medication administration recording sheets.

Despite medication audits, there were occasions when some medication was out of stock and there were sporadic gaps in administration signatures. Consequently we could not be assured that medication was administered as prescribed. Recording of the application of topical creams was not consistent.

We were assured these areas would be addressed by the next inspection.

We will repeat the recommendation and review progress at the next inspection.

### Recommendation 3

The manager should ensure that essential personal care is provided in a way which maintains the dignity of the people who use the service.

National Care Standards: Care homes for older people, Standard 5: Management and staffing, Standard 6.1: Support arrangements, Standard 8.1: Making choices, Standard 16.7: Private life.

**This recommendation was made on 22 September 2016.**

#### Action taken on previous recommendation

The recommendation had been implemented.

We saw that residents were tidy and well presented. We saw staff provide essential care in a way that protected residents' dignity.

### Recommendation 4

The service provider should encourage staff to increase positive interactions with service users and support more meaningful activities.

National care standards for care homes for older people, Standard 17 - Daily Life.

**This recommendation was made on 22 September 2016.**

#### Action taken on previous recommendation

Some progress had been made toward implementing this recommendation.

Opportunities were available for residents to participate in structured activities each day and residents enjoyed these. Efforts had been made to increase external entertainment events which were popular. Activity coordinators spent some time with residents on an individual basis.

However, outwith these times and for those residents who did not wish to join structured activities, fewer opportunities were available to engage in activities meaningful to them. Some staff were more skilled than others about creating natural opportunities for residents to spend their day in a meaningful way. As a result more dependent residents, or those spending time in the sitting rooms, for the most part spent the day watching television or sitting in the one location.

The noise level in one unit was high and prevented residents engaging in meaningful conversation or activity. Some residents and relatives who spoke with us found the noise levels distressing. The manager and staff were aware of concerns, took these seriously and were working hard to resolve this.

Staff missed opportunities to interact positively with residents by chatting to each other without including residents in the conversation. Staff unintentionally contributed to the noise level by speaking louder and they need to be mindful of this.

We will repeat the recommendation and review progress at the next inspection.

## Recommendation 5

The service provider should ensure that monitoring of the use of fluid charts continues and that practices to ensure fluids are offered regularly throughout the day improve.  
National care standards for care homes for older people, Standard 13.6 - Eating Well.

**This recommendation was made on 22 September 2016.**

### Action taken on previous recommendation

As at the last inspection, while we saw mid-morning drinks offered in some units this was not consistent across all units. Consequently we saw that some residents who had an early breakfast did not have a drink until lunchtime. The manager was clear this was not acceptable and we were assured this would be addressed as a priority.

Although fluid charts were completed to monitor residents daily fluid intake when necessary it was not easy to identify what the daily fluid intake target was, or the action staff took when this was not reached. It was not clear how the content of fluid charts influenced how residents' care was planned or given.

We will repeat the recommendation and review progress at the next inspection.

## Recommendation 6

The service should continue to develop personal plans to ensure they accurately reflect the preferences of individuals regarding their care and social needs.

Care plans should reflect all aspects of care including wound and skin care, falls, nutrition, stress and distress and legal status.

Care plans and risk assessment should be reviewed and updated following care reviews, accidents, incidents or changes to care needs.

The evaluation of care plans should take account of other records such as fluid charts. Resident and families should be involvement in developing plans.

This is in accordance with the National Care Standards, Care homes for older people, Standard 6 - Support arrangements.

**This recommendation was made on 22 September 2016.**

#### Action taken on previous recommendation

Progress had been made toward implementing this recommendation.

We saw that care plans on the whole contained good information about residents' healthcare needs and how falls were managed. There was evidence that other healthcare professional were contacted for guidance when needed and their advice was followed. However, plans did not always reflect the good knowledge staff had about residents' care needs which raised the risk that care would not always be provided consistently. The manager was aware that further work was needed. Additional training had been arranged to support staff in developing their knowledge and confidence in devising care plans that more person centred, outcome focused plans that accurately reflected all aspects of residents' care needs.

We will repeat this recommendation and monitor progress at the next inspection.

### Recommendation 7

The service provider should ensure that supervisions and appraisals are brought up-to- date and made more meaningful for individual staff.  
National care standards for care homes for older people, Standard 5 - Management and Staffing Arrangements.

**This recommendation was made on 22 September 2016.**

#### Action taken on previous recommendation

Some progress had been made toward implementing this recommendation.

Staff told us that supervisions and appraisals took place. We saw examples where supervision sessions were tailored to support individual staff development, for example discussion about staff practice in relation to the Scottish Social Services (SSSC) Code of Practice and leadership skills. However, this was not consistent. There were examples where agendas for several staff were identical and focused on policies and procedures but did not consider how these influenced staff practice or training needs.

Training had been organised to support supervisors deliver effective support and supervision that was meaningful for individual staff and linked to their developmental needs.

We will repeat this recommendation and monitor progress at the next inspection.

### Recommendation 8

The service provider should ensure staff adopt practices aligned to good infection control guidance. In order to achieve this staff should:

- appropriately transport used bed linen.
- discontinue storing pillows within sluices.
- use personal protective equipment (PPE) correctly.
- remove burst and damaged chairs from units.
- ensure toilets/bathrooms have bins.

This is in accordance with the National Care Standards for care homes for older people - Standard 4.2- Your Environment.

**This recommendation was made on 22 September 2016.**

## Action taken on previous recommendation

The recommendation had been implemented.

We saw staff follow infection control procedures in relation to the use of protective equipment and the transportation of used bed linen. In areas sampled we saw that toilets had bins and pillows were not stored in sluice areas. Damaged furniture had been removed.

## Recommendation 9

The service provider should produce and submit a detailed refurbishment plan to the Care Inspectorate. The plan should:

- detail works to be carried out within given timescales.
- include but not be limited to replacing carpets.
- improving the decorative state of bedrooms and communal areas replace damaged furniture.
- include information on which unit(s) will be prioritised for refurbishment.

This is in accordance with the National Care Standards for care homes for older people - Standard 4.8 - Your Environment.

**This recommendation was made on 22 September 2016.**

## Action taken on previous recommendation

Progress had been made toward implementing this recommendation.

Some areas had been redecorated. The manager agreed to forward us a copy of the proposed work.

We noted that in one unit communal toilets were locked so access was restricted. The manager agreed to ensure that staff reopened toilets after cleaning.

We will repeat this recommendation.

## Recommendation 10

The provider should ensure that the quality of service is assessed, monitored and improved by fully implementing the quality assurance system. Issues found through the audit process are highlighted and an action plan made with timescales for any actions required to address those issues.

This is in accordance with the National Care Standards for care homes for older people: Standard 5 - Management and staffing arrangements.

**This recommendation was made on 22 September 2016.**

## Action taken on previous recommendation

Progress had been made toward implementing this recommendation.

Since the last inspection there had been changes within the management team and an interim manager and clinical services manager were in post. A unit manager had also commenced in post. They all demonstrated a commitment to the continued development of the service and were responsive to suggestions for improvement. Staff who spoke with us were positive about the changes.

A selection of audit tools were used to measure the quality of service and identify necessary improvements.

Consequently we saw aspects of the service were better. For example, the resident dependency assessments were being used in an effective way to measure if there were enough staff hours to provide residents' direct care needs. This had resulted in increased staffing levels which staff appreciated and felt improved residents' care.

There was acknowledgement that the quality assurance system needed to be developed further to provide a better overview of all aspects of the service, identify gaps in service quality and use that information to develop strategies to address the shortfall.

The service was better placed to further develop the quality assurance system. We will repeat the recommendation and review progress 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](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings								
22 Sep 2016	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good	Management and leadership	4 - Good
Care and support	4 - Good									
Environment	4 - Good									
Staffing	4 - Good									
Management and leadership	4 - Good									
8 Oct 2015	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good	Management and leadership	4 - Good
Care and support	4 - Good									
Environment	4 - Good									
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17 Sep 2014	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good		
Care and support	4 - Good									
Environment	4 - Good									
Staffing	4 - Good									

Date	Type	Gradings	
		Management and leadership	4 - Good
21 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
29 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
20 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 4 - Good 4 - Good
10 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 4 - Good 4 - Good
30 Nov 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed Not assessed
18 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
17 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
10 Jul 2009	Announced	Care and support Environment Staffing	4 - Good 4 - Good 4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
28 Oct 2008	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
26 Jun 2008	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak

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