

# Guthrie House Care Home Service

12 Lasswade Road  
Edinburgh  
EH16 6RZ

Telephone: 0131 672 0040

**Type of inspection:**  
Unannounced

**Completed on:**  
7 September 2020

**Service provided by:**  
Guthrie Court Limited, a member of  
the Four Seasons Healthcare Group

**Service provider number:**  
SP2005007863

**Service no:**  
CS2006135714

## About the service

Guthrie House care home service has been registered since 2007 to provide care for up to 88 older people. It is provided by Guthrie Court Ltd, part of the Four Seasons Healthcare Group. Nurses and carers support people in the care home.

The home is situated in the Liberton area of Edinburgh, within easy reach of shops and public transport. The home has courtyard gardens and parking areas. It is purpose built over three floors with lift and stair access to the first and second floor. Each floor has between 28 to 30 residents. All bedrooms are single with en-suite, including a shower. There are sitting rooms, dining rooms and bathrooms on each floor.

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate and NHS Lothian.

## What people told us

There were 49 residents living in the care home during our inspection. We spoke with six staff members and five people who were using the service. Some comments from residents included

"I'm bored, there's nothing to do."

"I am hungry."

"Staff are helpful and the food is good."

## 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 good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
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Further details on the particular areas inspected are provided at the end of this report.

**How good is our care and support during the COVID-19 pandemic?****1 - Unsatisfactory****7.1 People's health and well-being are supported and safeguarded during the COVID-19 pandemic.**

We have assessed that the service is performing as weak in the evaluation of this question.

The focus of this inspection was to assess if people's health and well-being benefited from the care and support they received during the COVID-19 pandemic. We also wanted to ensure that people experienced high quality care and support that was right for them.

There was no coordinated approach to communicating with people experiencing care, their families and those important to them. This meant that people were not fully informed about the impact of COVID-19 in the service and how this was being managed.

Visitors had not been permitted during the lock down period, although some families telephoned regularly. People living in the service had not benefited from regular staff support to stay in touch with those important to them. One person told us 'I miss my daughter'. Some people were feeling isolated during the lock down and guidance for how the staff could work to keep people stay in touch with families would have helped to reduce this.

We found people did not benefit from regular opportunities to engage in activity which was meaningful to them. Some people told us 'there is never much happening' and 'I'm fed up'. There was limited opportunity for people to remain active or engaged within the home. We saw little meaningful interaction or activity during our visit. For some people this meant long periods of isolation with little opportunity for social stimulation or conversation, leaving them appearing disinterested or bored (See area for improvement 1). We saw one resident access the garden area independently, however, we saw no evidence other individuals were actively supported to do this. Staff deployment and skill mix impacted on activities being provided which meant people's experience varied across the home and on each shift.

There was no guidance available for staff with regards to how they could provide small group activities for people for stimulation and socialisation. There was an increased risk of low mood for individuals who had previously enjoyed hobbies and pastimes that were of personal interest. At our first visit people were sitting at dining room tables long after their meal had finished and were sleeping whilst awaiting assistance to mobilise to other areas of the home. Social stimulation in people's lives is necessary to promote overall good mental and physical well-being.

Record keeping was not of a good standard. Care plans contained limited person-centred information, and these had not always been updated. We were told that not all care interventions were documented. We found limited evidence to suggest that people had been consulted over their wishes for end of life care, in the event their condition should deteriorate.

Care and support plans were found to be basic documents and did not appear to be routinely used to inform staff practice and approaches to care and support. There were no clear actions or direction for staff recorded in the care plans to guide staff on how the needs of people should be met. This meant that when knowledgeable staff were not on duty, staff would not be informed by the care plans to deliver peoples' assessed care.

It was not clear how people living with dementia and displaying high levels of stress and distress were supported effectively by staff. We did not see referrals to relevant health professionals. This meant opportunities to support people better were potentially being missed. This is also considered under the staffing theme of this report.

It is important that accurate records are maintained to ensure people's needs and wishes are clearly understood and followed by all staff providing support. The manager acknowledged the service could improve on this area and confirmed work was progressing with reviewing all care plans. (See area for improvement 2)

People did not have easy access to fluids within their own rooms or other areas of the home, therefore were not supported to be well hydrated. We saw poor recording of food and fluid intake for people. In addition we observed that people were not supported appropriately when they experienced pain and distress. Relevant risk assessments and associated documentation was not evident in care plans.

## **7.2 Infection control practices support a safe environment for both people experiencing care and staff.**

We have assessed that the service is performing as unsatisfactory in the evaluation of this question.

During an outbreak of COVID-19 the application of strict infection control procedures is important to make sure people are safe. Health Protection Scotland issued practice guidance that all social care providers must follow to protect the safety and well-being of people living in the service and staff. At the time of inspection there was one person in isolation having transferred from another home. Arrangements were in place to support their safety and well being and to keep other people safe.

On the first day we observed that staff practice regarding the management and control of infection did not comply with current best practice guidance. This included the inconsistent use of personal protective equipment (PPE). We had concerns that this poor practice did not support the prevention or control of infection and negatively impacted on the health, welfare and safety of people using the service.

Most of the time we noted that staff were wearing appropriate PPE, however on some occasions masks were worn below the nose and sometimes not at all. On a few occasions we noted some staff touching objects and surfaces without removing or changing their PPE. There were inadequate PPE stations on our initial visit, and the recommended gloves for personal care and hand gel were not in place at all PPE stations. People living in the home were not sitting at the required social distance as highlighted in Scottish Government guidance.

People should experience an environment which is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. We observed staff using unsuitable cleaning products and solutions which were not appropriate for the range of cleaning purposes. There were no robust quality assurance systems and processes in place to ensure that the equipment, environment and furnishings were fit for purpose and clean. Housekeeping staff were aware of the importance of cleaning frequently touched areas and cleaning schedules were in place. We found a number of items and equipment such as mattresses, chair cushions and bedding in urgent need of deep cleaning or replacement. This was highlighted to the manager at the inspection. The cleaning schedules lacked appropriate details and frequency of how tasks were being undertaken.

We found that items of linen, staff uniforms and residents' clothing were not laundered safely in line with Health Protection Scotland COVID-19 19 information and Guidance for Care Home Settings.

We established that not all staff working in the home had been adequately trained in the correct use of PPE. There was a need for immediate action to be taken by the provider to deliver appropriate training for all staff and regularly review competence and compliance with current guidance in the use of and disposal of PPE. To ensure that the provider took immediate remedial action to resolve this we issued the provider with a letter of serious concern on 1 September 2020.

Staff told us that they had some training in infection prevention and control specific to COVID-19. There had previously been an outbreak of COVID-19 in the home. We could not have confidence staff have the skills and knowledge to ensure the safety of residents should another outbreak occur. We noted there were no robust systems in place to review or improve staff practice.

It was disappointing that management and staff had not identified the lack of an acceptable level of cleanliness and hygiene. We issued the service with a serious concerns letter detailing three key areas that we required to see urgent improvements by 12 noon on Thursday 3 September 2020. When we returned to the service on this date, we saw that some remedial work had been carried out, however we still required further work to be undertaken regarding training and enhanced cleaning. The requirements made in the serious concerns letter dated 1 September 2020 have been incorporated into the report and must be met by 21 September 2020. (See requirements 1-4)

### **7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.**

We have assessed that the service is performing as weak in the evaluation of this question.

We saw that some staff worked hard during our visit and two people spoke highly and praised staff for being so supportive and caring over the period of the COVID-19 pandemic.

People experiencing care were not appropriately protected due to the staffs' lack of awareness and understanding of the Public Health Guidance around infection protection and control and the use of PPE.

To improve support for people who live with dementia, staff need further guidance on how this can be achieved and help them to understand the potential impact of COVID-19 on health and well being through the use of proactive approaches to prevent distress. Staff had not received any guidance or recent training regarding the importance of meaningful activity. People living with dementia displayed stress and distress reactions and staff had not undertaken training to understand and implement the appropriate interventions to reduce levels of anxiety. Care plan documentation recorded by staff demonstrated a lack of understanding of the reasons and causes of the behaviour of concern. This led to staff making judgements about people's behaviour which could impact negatively on relationships and experiences for people. (See area for improvement 3)

People should expect that staff are given the opportunity to reflect on their practice and follow their professional and organisational codes so that they can have confidence in the people who support and care for them. The staff we spoke with did not feel well supported by their managers, and commented that they would have liked to have had opportunities to discuss their feelings after residents had passed away. Staff told us that the outbreak had been 'challenging' and 'overwhelming' requiring 'all hands-on deck'. Team meetings had been stopped and staff had not had an opportunity for a one-to-one meeting for some time with their manager during the pandemic. This meant opportunities for reflection on practice, discussions on new and changing guidance, peer support and learning opportunities were being missed at this crucial time. The service should address this by ensuring there are regular one-to-one meetings between all staff and their manager as this is an important means of promoting well being and development in a planned way.

Staff maintained social distancing as much as was practicable. They told us they minimised movement between the floors of the home during their shift thus helping to reduce the risk of transmission of the infection.

Through the regular use of capacity tools staffing levels had been assessed. There was little evidence that this reflected the increased needs of people who use the service where support was being provided within their own rooms. Staff did not have time to provide additional activities and social stimulation for residents. People were now being cared for by a more consistent staff team as the service was able to use less agency staff.

Some staff told us guidance, information and Scottish Government updates were printed and put in a folder for staff to read. However, staff said they had not read the guidance. We discussed with the manager that the guidance should be accessed online to ensure the most up to date information was being viewed.

## Requirements

1. Staff were observed to not always follow safe infection prevention and control practices. Due to the severity of the concern you, the provider, must take the following action immediately:

Starting immediately but to be completed by 12 noon on Monday 21 September 2020 you must put in place and implement measures to ensure consistent management and leadership in the service to support staff practice and to co-ordinate the delivery of care in a way which promotes good infection control practices.

This must include, but is not limited to, introducing improved communication practices between staff and management on infection prevention and control, regular monitoring of staff practice and increasing staff knowledge and understanding of infection prevention practices.

This is to comply with Regulations 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) and Regulation 9(2)(b) (skills, knowledge and experience of staff) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

2. Unsafe practice was observed in the use of personal protective equipment (PPE). Due to the severity of the concern you must take the following action immediately:

Starting immediately but to be completed by 12 noon on Monday 21 September 2020 you must ensure all staff, including catering, domestic and laundry staff, are trained in the correct procedures for donning, doffing and disposal of PPE and have the correct type of PPE for the work they are to carry out, including the correct gloves, as stated in Health Protection Scotland guidance of 20 May 2020 entitled "COVID-19 Information and Guidance for Care Home Settings".

You must make available sufficient PPE stations with appropriate signage and PPE disposal bins in key locations throughout the service.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. People experiencing care were not appropriately protected because there was not adequate cleaning of the care home and some equipment for people such as mattresses and chair cushions were not fit for purpose and are required to be thoroughly cleaned or replaced. Due to the severity of the concern you must take the following action immediately:

Starting immediately but to be completed by 12 noon on Monday 21 September 2020 you must ensure that the home environment and fixtures and furnishings have had enhanced cleaning following Health Protection Scotland guidance. Furnishings and equipment must be fit for purpose, clean, hygienic and it a good state of repair.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

4. People who were observed to be in distress or experiencing pain were not being supported promptly with care and compassion. People did not have full access to buzzers to call for staff when they needed them. Due to the severity of the concern you must take the following action immediately:

Starting immediately but to be completed by 12 noon on Monday 21 September 2020 you must ensure that people have their emotional, care and support needs met by appropriate numbers of skilled and knowledgeable staff.

This must include, but is not limited to ensuring peoples' pain levels are identified, assessed and effectively managed. People must have direct access to ways of summoning staff support when they require it.

### Areas for improvement

1. To make sure that people experiencing care, their families and those important to them are kept fully informed, improvements should be made to systems of communication. To achieve this the service should support people to maintain regular contact with those important to them,

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

2.18 'I am supported to manage my relationships with my family, friends or partner in a way that suits my well being.'

2.19 'I am encouraged and supported to make and keep friendships, including with people my own age.'

2. To make sure that people experiencing care can take part in activities meaningful to them the service should ensure:

- care plans provide clear information on peoples' interests and preferences and how they will be supported to facilitate activities which interest them.

- that people benefit from a range of activity that takes account of the current restrictions resulting from COVID-19.

- staff are available in each unit to lead activities and encourage people to remain active.

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

2.17 'I am fully involved in developing and reviewing my personal plan, which is always available to me.'

2.18 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.'

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

3. People who live with dementia should be well supported. To improve this, staff should have a good knowledge of dementia care and how to recognise and support people presenting with stress and distress.

This is to ensure 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)



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

### Requirements

#### Requirement 1

In meeting this requirement people will have confidence that their needs are met by the right number of people who have time to support, care and speak to them.

By **30 June 2020** the provider must ensure that:

- a) there are sufficient numbers of staff to meet people's assessed needs and support people's health, welfare and safety and
- b) care staff are supervised effectively with sufficient oversight of practice to ensure that people's care needs and wishes are met.

This is in order to comply with: Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards have been taken into account when making this requirement, in particular:

- 3.15 My needs are met by the right number of people.
- 3.16 People have time to support and care for me and to speak with me.
- 3.17 I am confident that people respond promptly, including when I ask for help.

**This requirement was made on 28 July 2020.**

#### Action taken on previous requirement

This requirement has not been met.

**Not met**

#### Requirement 2

In meeting this requirement people experiencing care will be treated with respect and dignity and their needs will be staffs' main concern.

By **31 August 2020** the provider must:

- a) Ensure staff respond to people's requests for help and make attending to people's needs and choices their priority.

b) Ensure staff practice the values of dignity and respect when speaking to people as detailed in the Health and Social Care Standards.

This is in order to comply with: Regulations 4(1a) and 4(1b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards have been taken account of in making this requirement, in particular:

3.1 I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.

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

3.18 I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

**This requirement was made on 28 July 2020.**

### Action taken on previous requirement

This requirement has not been met

### Not met

## Requirement 3

In meeting this requirement people experiencing care will be provided with a balanced, healthy and nutritious diet that meets their nutritional needs and preferences.

By **30 June 2020** the provider must:

- a) Ensure systems are established for the ordering of sufficient food.
- b) Ensure that food is sufficient to provide a balanced healthy diet and includes fresh vegetables.
- c) Ensure that the menu choices have been nutritionally assessed to meet the nutritional needs of people including those on a special diet.
- d) Ensure staff have the knowledge and skills to provide a fortified diet that meets people's nutritional requirements.
- e) Ensure that people's views and experience of meals is gained and is used to improve both the quality and the menu choice.
- f) Ensure that the service has established monitoring and audit systems in relation to nutritional risk and weight loss.

This is in order to comply with: Regulations 4(1a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The Health and Social Care Standards have been taken account of in making this requirement which states:

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 carried out in a dignified way.

3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing.

**This requirement was made on 28 July 2020.**

#### Action taken on previous requirement

This was not assessed.

#### Not assessed at this inspection

### Requirement 4

In meeting this requirement people can be confident that they use a service that is well led and managed and that people are involved in influencing quality assurance processes.

By **31 August 2020** the provider must put into place effective systems for assessing and monitoring the quality of all aspects of the service, and ensure that:

a) Support and resources are provided to the service (which includes sufficient staffing levels) to enable the manager to make the improvements required that are outlined in this report.

b) Management have a detailed operational plan for all areas of the home and prioritise issues and risks that require immediate managerial leadership and action.

c) A range of audits, checks and observation assurance, is used to gather information about the performance of the service, and this information is made easily available to the deputy manager and the unit nurses.

d) Where these audits or checks are delegated, the manager has systems in place to monitor the quality of the work to ensure that it is of an expected standard.

f) Following all audits and checks, there is a clear record of what areas for improvement were identified, what actions are to be taken to address those areas for improvement identified, timescales for the actions to be completed, and the person with overall responsibility for ensuring the necessary improvements are achieved.

f) Information from individual checks or audits is analysed to identify patterns or trends which might indicate that further action is necessary to improve the service.

g) Involve people using the service and their carers in determining improvements and evaluating actions taken.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 3 - a regulation regarding the principles of the Act.

The Health and Social Care Standards, in particular standards 4.23 and 4.19 have been taken account of in making this requirement which state

'I use a service and organisation that are well led and managed' and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

**This requirement was made on 28 July 2020.**

### Action taken on previous requirement

This requirement has not been met.

**Not met**

## 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 reassure people with distress, agitation and with dementia, staff caring for them should be knowledgeable and skilled. Staff should receive dementia training that includes how to care and support someone who is distressed. Evaluation of the training should include seeking feedback from people experiencing care about how well staff are caring and supporting them.

This is consistent with the principle contained within the Health and Social Care Standards that states 'I feel safe and I am protected from neglect, abuse or avoidable harm and also:

3.14 I have confidence in people because they are trained, competent and skilled.

3.21 I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.

3.24 If I might harm myself or others, I know that people have a duty to protect me and others

5.17 My environment is secure and safe.'

**This area for improvement was made on 28 July 2020.**

### Action taken since then

This area for improvement has not been met.

#### Previous area for improvement 2

To make sure people's planned care reflects things that are important to them they should be involved and central to planning their care and support. Care plans should be tailored to individual needs, wishes and realistic aspirations and not be dictated by audit processes. The plans should be written in a format that can be understood by the person, be concise and easy to read. The plans should include, but not be limited to supporting people to:

- i. Maintain hobbies and interests which may involve positive risk taking.
- ii. Be as independent as possible which will involve risk enablement.
- iii. Highlight what is important to them and understand what staff feel must be included.
- iv. Detail goals and actions, especially around specific needs like skin care, wound care and monitoring changes.
- v. Be reviewed and updated when needs and wishes change and at least six monthly.

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

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.

2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

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

2.9 I receive and understand information and advice in a format or language that is right for me.

**This area for improvement was made on 28 July 2020.**

#### **Action taken since then**

This area for improvement has not been met.

## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	1 - Unsatisfactory
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	1 - Unsatisfactory
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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