

Care service inspection report

Full inspection

St. Rognvalds House Care Home Service

off Old Scapa Road
Kirkwall

Service provided by: Orkney Islands Council

Service provider number: SP2003001951

Care service number: CS2003009102

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	3	Adequate
Quality of environment	3	Adequate
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

The service provides opportunities for residents and relatives to give feedback about the service.

Staff and management are friendly and approachable and welcome visitors to the service.

Staff were observed to be kindly and caring towards the residents.

There is regular mandatory training for staff.

Staff receive supervision from senior staff.

There are good working relationships with allied health and social care professionals.

What the service could do better

Care plans need to be reviewed with the resident or close relative as appropriate at six monthly intervals.

Medicine training and recording needs to improve.

Use of fluid charts could improve.

Better records of repairs should be kept

Shifts are often short of a member of staff. Management needs to improve this situation.

The heating is erratic. Residents should have adequate heating.

What the service has done since the last inspection

There have been improvements to the décor, with new curtains, furniture and carpets.

There are fish tanks in both wings.

Staff have had training.

Orkney Islands Council now have plans to rebuild St. Rognvalds some time in the future.

There was some improvement in medicine arrangements.

New flooring was being installed which should help to eliminate existing bad odours.

Conclusion

This care service is being undermined by shortages of staff on a regular basis. Staff team and service management though are working very hard to try and maintain good standards.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.careinspectorate.com

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

St. Rognvald's House is registered to provide care for up to 40 older people on a permanent basis and four on a respite/holiday basis. The home is provided by Orkney Island Council (OIC). The care home is based around a central courtyard which has a water feature and aviary. There are also landscaped garden areas surrounding the buildings. The accommodation is split into St. Magnus for physically frail residents and St. Mary's for people with dementia. Each unit is made up of wings that have single rooms, toilets, shower rooms and bathrooms. Twenty eight bedrooms have ensuite facilities. There are also various sitting areas, two dining areas and office accommodation, kitchens and laundry.

As stated on the OIC website: St. Rognvald's staff try to create a happy and homely environment where individual's rights, freedom of choice, privacy, dignity and independence are promoted, respected and maintained. Residents are encouraged to lead as independent and normal a lifestyle as their abilities allow. All residents are encouraged to participate in the planning of their care needs and the formation of their individual care plans to reflect their individual choices and preferences.'

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 3 - Adequate

Quality of environment - Grade 3 - Adequate

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection, which was carried out by one Care Inspector. We visited the home on 13, 14 and 15 December 2015 between the hours of 9.15am and 8.30pm. We provided feedback to the registered manager by phone on 17 December 2015. The feedback included requirements, recommendations and areas of improvement made as a result of these visits.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to complete and submit to us.

We sent fifteen Care Standards Questionnaires to the service, to be given to people who use the service and seven were returned completed. We also sent fifteen questionnaires to be given to relatives of people who use the service and nine were returned. Twenty staff questionnaires were handed out and twelve were completed and returned.

During the inspection process we gathered evidence from various sources, including the following:

We spoke with:

- nine people who used the service
- seven relatives
- registered manager
- three senior social care workers
- five social care workers/assistants
- three housekeepers
- kitchen assistant

- handy man
- administrator
- RVS volunteer.

We looked at:

- evidence from the service's most recent self assessment
- personal plans of people who use the service
- formal care reviews and records
- participation information, including Care Standards Questionnaires
- accident and incident records
- staff training records
- supervision and performance development review records
- risk assessments
- notice boards
- health and safety records
- maintenance records
- menus
- minutes of residents and relatives meetings
- minutes of staff meetings
- service development plan

We observed staff interacting with residents and looked round the building and grounds and at the equipment used.

- Consideration of the National Care Standards – Care Homes for Older People.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment was completed. There were few changes from previous self assessments.

Taking the views of people using the care service into account

During the inspection we spoke with nine residents though not all were able to give an opinion about the service. Comments received included:

"I am fine in here. The staff are very good."

"I'm just auld and very tired. I am looking for a cup of tea. She said she would get it for me but I'm not awffy sure." (staff did quite quickly.)

"The staff are good. I like to have a laugh with them. I used to be in St. Rognvalds but this place is better - more fun."

"It's alright here. My bed is comfy but my arm is stuck. Can you get someone to help me."

"The staff are busy. It takes a long time for them to come. I get upset."

We received seven completed care standard questionnaires. Respondents indicated that they were happy with the quality of care they received. Comments received included:

'The carers do their best but don't have enough time to spend with us. The budget for activities has been cut very severely and the person who does the activities is excellent but very restricted. If she wasn't so dedicated she'd be quite likely to give up. The powers that be should take into account that some of us pay dearly for being here.'

'Hopefully there will be a new building in the near future as this building is "tired".'

'Unfortunately the shortage of staff means that there is little time for them to spend having a "chat" to stimulate us. I prefer one to one rather than a group.'

'Mixed ability staff. Mostly very good and caring. Staff stretched - waiting to go to the toilet. Facilities old and dated. Lucky now to be in ensuite facilities but originally respite room did not have toilet. Heating not dependable.'

Taking carers' views into account

During the inspection we spoke with seven relatives. There were mixed views about the standard of service their loved ones received. Comments made included:

"I am very happy that my husband is here. I could not manage him at home and he seems more settled now. I have confidence in the staff and think they all do a great job."

"The staff are so busy. I think my mother often has to wait a long time for someone to come to take her to the toilet. I have rung the buzzer when I have been here but sometimes no-one comes. The room is very small."

"The heating is often not working in her room. One day I came in, the residents were sitting with their coats on in the dining room as the heating was not working. It would be good if my mother had access to internet so that she could 'FaceTime' her relatives, especially those far away."

"It is early days yet but so far the staff have kept us informed as to how she is doing. They do seem very busy and she worries about not making it to the toilet."

We received nine completed care standard questionnaires from relatives. Four strongly agreed and five agreed with the statement: 'Overall, I am happy with the quality of care my relative/friend receives at this home.' Comments received included:

'Am very happy with how the staff treat and look after my relative - a very difficult job in less than ideal conditions.'

'Property has to be clearly labelled, as it may go missing. Valuable items are kept with my daughter.'

'Heating is erratic- comes on in day and cold at night.'

'Birds had actually come in the vents and there were nestings in the walls.' (The manager stated that this was dealt with quickly.)

'Daughter acts with Power of Attorney (along with grandson). Communication from St. Rognvalds very poor. Daughter has to be very pro-active. A request for a "call buzzer" to be worn on the wrist was made at the start of the summer holidays. It has been asked about several times - no update. Keyworker was changed in the summer - neither the keyworker or family were aware of this. There is no communication from the keyworker. There does not seem to be an established system in place.'

'She stated that she feels very well looked after and safe here.'

'She is very happy with her care. She knows that her family are unable to look after her and they don't have to worry about her being here.'

'The home is not free from smells.'

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service."

Service strengths

From the evidence looked at during the inspection we decided that the grade was within good of the quality grading scale. This was after we spoke to staff, residents, relatives, looked at minutes of meetings, notice boards, newsletters and results of surveys.

Residents and their families had opportunities to become involved in evaluating and developing the service. There was a participation strategy that informed residents and relatives the different ways they could put forward their views.

A good number of residents and relatives who had completed care standard questionnaires agreed that the residents' views about the service were sought.

There was a suggestion box. In the entrance hall there were maps and information about the proposed site for the new St. Rognvalds. There was a comments box for visitors to indicate their preference of site.

The service surveyed residents and relatives annually. Details about the last survey were on a notice board and showed the results. Local GPs had been asked to complete a questionnaire and the results were very positive. Respite

service users could complete a feedback form about their stay. Generally comments were complimentary. Staff had completed questionnaires recently and the results were being collated.

We saw the minutes for one residents' meeting which was chaired by a couple who used to visit someone in the home. They talked individually to residents as well as conducting the meeting. This gave residents who had communication problems or did not want to attend a chance to give their opinions. The minutes indicated that residents had requests including for more entertainment, for more activities and for more staff.

Advocacy was promoted through notice boards.

We found that some of the care plans had been reviewed fairly recently. See Quality Theme 1, Statement 3.

The residents enjoyed watching the birds feeding at bird tables around the home. These were filled by the handy man.

New furniture in both wings had been purchased as suggested by relatives.

There were photographs of staff, both of management and care staff in the entrance hall. This helped relatives and visitors get to know the staff.

Notice boards gave a range of pertinent and helpful information to residents and their visitors. Many compliments and thank you cards were received.

There were regular newsletters which contained some information about how the service met residents' views. There was also information about how to complain and how to get in touch with the manager.

Kitchen staff asked residents after a meal for comments which had influenced the menu.

Areas for improvement

Management was to ensure the participation strategy also included those residents with communication difficulties and cognitive impairments and would suggest meaningful ways that they could be involved.

The service was to ensure that action plans were used to inform the outcome from residents meetings. We could see that several requests and comments were made by residents but could not evidence that these had been taken forward. There were fewer meetings since the last inspection. Consideration should be given to having relatives meetings to give them opportunities to hear about the service and to give their opinions.

Management should consider varying questionnaires and consider different types of survey, for example pop up/snap surveys - asking for comments after an event.

The newsletters could be further developed and contain information about inspections and what needed to be done to improve, new developments, the outcomes from questionnaires, snap surveys and focus groups. Let residents and relatives know about forthcoming meetings through newsletters.

We found that notice boards were not always kept up to date and white boards not completed with staff on duty or days events.

Consider how to involve residents/relatives in the recruitment of staff. This is seen as a good way to develop the involvement of residents. The service should consider the methods they were going to use and whether the involvement was formal or informal. To start off this process the service could gain the views of those who wanted to take part and in what capacity. The service could consider forming a focus group to gain the views of residents in relation to the questions that could be asked of new staff at the interview. If residents wanted to be formally involved in the interview stage the service should develop a protocol which identified roles and responsibilities and how the views of residents influenced the decision making process. Confidentiality was also to be considered. Once this protocol was developed it was then to be shared with all concerned for their comments and suggestions. If residents took part in any area of recruitment it would be good practice to maintain records of who took

part and how. This could then feed into the overall methods used to ensure a quality service as stated within Quality Theme 4, Statement 4.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We ensure that service users' health and wellbeing needs are met."

Service strengths

From the evidence gathered during this inspection we found that the service was within an adequate grade for this statement. This was after speaking to relatives, residents, staff and looking at care plans, reviews, medicine arrangements, falls records and other documents.

Care plans and communication

A care worker on each shift provided hand over to the next team. Care workers and assistants when they came on shift, received a list of the room numbers of the residents to whom they would be administering medication to and looking after. At the end of their shift they updated the white board in the office including about when personal care was given, bath/shower, food eaten and any skin issues. This sheet was given to the next care worker on shift who continued to fill in relevant information. This system enabled continuity of care and communication between the care workers and they were made aware of their responsibilities.

Some care plans had good information and detail about the resident's preferences and wishes. A comprehensive check list was used to assess individual's interests now and in the past. The document 'getting to know me' was used in care plans in St. Mary's wing and it was used to collate information about the resident's past history and about people important to the person.

These care plans should help staff to deliver more person centred care. We found that some care plans had been reviewed regularly. In care plans were relevant risk assessments and continence assessments with the details of the continence product needed.

Pressure care

The white boards in the offices on each wing were kept up to date about any skin concerns. The community nurses provided treatment for wounds and recorded this in their nursing folder kept in the care office. Usually information was kept up to date. The Waterlow scale, a tool to help assess skin integrity was completed for each resident. There were a variety of makes of pressure mattresses used and the handyman had numbered the mattresses and their motors to ensure they would be used together. He also visually checked them monthly to see that they were working properly.

Nutrition and dining experience

There were two dining rooms within the care home: a very large room for St. Magnus and a small dining room in St. Marys. We observed meals in both dining rooms. Tablecloths and tablemats were used and napkins or tabards offered. In St. Magnus there were menus and condiments on the table. There was a large hand written menu board in both wings to help residents know what food to expect. There were attempts to make both rooms homely and attractive.

We observed staff to be kind, caring and patient with residents. One carer was good at offering a comforting touch. If someone needed assistance to eat the carer sat with them and helped to put them at their ease. Some staff tried to get eye contact with the resident whilst speaking to them so they could understand.

Residents were weighed regularly and their BMI calculated and malnutrition universal screening tool (MUST) score recorded. If staff were concerned about the resident's weight, a referral was made to GP, dietician or speech and language therapist as required. A few residents had their food fortified or made easier to swallow by texture modification. Dietary needs and food preferences

were detailed in the care plan and in a kitchen record. Residents were put on food and fluid charts if resident thought to be at high risk of malnutrition or dehydration. We could see some residents had put on weight following staff interventions.

Residents were offered a choice of drinks in the dining room and we could see fresh jugs of juice in bedrooms. There was positive feedback about the meals provided and the food looked wholesome and appetising. Menus showed a good choice and there was a variety of vegetables and fruit offered. There was a healthy eating champion.

Medication

All frontline care workers and care work assistants were able to administer medication following training. See areas for improvement. We found that secondary dispensing was no longer happening. There was a good system of reviews of medication. There have been efforts to improve the way new drugs were ordered and checking new medicines into the home. To try and reduce drug errors a new daily checking routine had started which was showing good results. Fridge temperatures were recorded daily. The pharmacy audited the service on an annual basis.

Details about pain relief and the medicines each resident had been prescribed was in individual resident's folders. There was an explanation what each medicine was for and any side effects. Some use was made of the Abbey pain scale which was used to help assess pain if the resident was not able to communicate. The home's procedure for giving 'as required' tranquillising medicines included obtaining the duty senior's approval. We observed some staff being able to comfort and distract residents who were distressed.

Falls

There was a monthly overview of the falls that had occurred with the aim of preventing or reducing further falls. The service used a very detailed moving and handling risk assessment which was completed when the person was first admitted then should be reviewed at regular intervals. The 'Falls lead' from NHS had visited the service earlier in the year and found that staff were following

good practice regarding managing falls. She initiated gentle exercises to be done regularly which should have good results for residents including helping to delay the aging process, helping to manage long term conditions e.g. diabetes, obesity and osteoarthritis, improving or maintaining mobility, keeping active socially and with depression. A senior had had training to be able to assess staff competency regarding preventing falls.

Activities

One care worker had eight hours per week to organise and provide activities. Also on day shifts a care worker/assistant should have time allocated for activities. Staff stated that there was often no time for anything other than providing basic care to the residents as many had high dependency needs and shifts were often short. This was echoed by a resident's comment in a questionnaire: 'The carers do their best but don't have enough time to spend with us.' We could see notices about activities and daily individual records though often these indicated that the resident had a relative visiting. The manager was hopeful to start new volunteers soon. There was some involvement with the community with entertainment from school children and the local Rotary club. The handyman could take residents out which happened in the summer. A knitting group had started. The local Royal Voluntary Service provided a shop trolley for residents to purchase sweets, toiletries and the like.

In St. Marys we observed staff sitting and talking with residents. There was a CD playing Christmas music and residents were enjoying singing along to the ones they knew.

A memory corridor had been created with some photographs of Orkney scenes and activities from days gone by. These have been enjoyed by residents and have sparked memories and stories from their lives. School children came in to do activities with the residents.

Areas for improvement

Care plans and communication

Staff spoken with voiced concerns that during a shift they often did not speak to a senior. The handover system had changed and they felt more isolated from management.

We found that a significant number of care plans were not being reviewed at six monthly intervals as required. Care workers spoken with stated that due to staff shortages they were not getting their allocated key working time in order to complete changes to care plans. Often care plans had no date when completed and no signature of staff or resident/relative to indicate their involvement. There was considerable duplication of information that should be reduced. **(see Requirement 1)**

Pressure Care

There should be an inventory of all pressure mattresses used and guidance about the settings used. There was no specific information in care plans as to what setting the active mattress should be at. There should be a system in place to make sure that foam pressure relieving mattresses are regularly turned and cleaned. **(see Recommendation 1)**

Nutrition and Dining Experience

Management and staff should consider how to create a more cosy and homely atmosphere within the large dining room. There was a wall clock that was difficult to read as were the hand written boards. Staff should consider that many residents have impaired vision who need large, easy to read signs and clock. In the kitchen staff were listening to modern music which could be heard in the dining room. Residents should be consulted as to what they might like to listen to while they are eating. Some staff started speaking to residents before they were face to face with them so that some were not hearing what was said. Staff could be more discreet when a resident needs their food cut up, doing this away from the table. In St. Mary's dining room staff were calling to each other about residents needing help which was disrespectful to the residents.

Fluid charts could be used more effectively by having the target fluid intake on the chart and days intake totalled up. Where the intake was significantly lower care staff on next shift should be informed. Staff should record the estimated

fluid intake in millilitres. A senior manager was to access texture modification training for the cooks/chefs. **(see Recommendation 2)**

Medication

The keys for the controlled drugs cabinet should be kept separately from the other keys. We found there were issues regarding the recording in the controlled drugs register. Both community nurses and care staff use the register and some discrepancies need to be addressed. There were also concerns about the return of controlled drugs to the pharmacy that came from 'just in case' boxes. The manager stated that a meeting was held with community nurses about this.

Many of the care staff have not had medication training for some time. The training would probably not have been at the standard of the Scottish Vocational Qualification level 3 module 'Administration of medication.' Senior management have put together new training that should meet the competencies of this module. They need to ensure this training meets Scottish legislation. All staff who administer medicines should have this training. We found that care staff's competency was not being assessed according to their policy. Many had not been assessed for some time though we saw that some staff who had made more than two errors had had a competency test. Seniors should use the same criteria for deciding who needs an additional test. It is good practice for staff's competency to be assessed at intervals so that management is assured of their abilities. Several staff were very stressed about administering medication especially relief staff who did not work often in the home. Management need to consider whether such staff are competent to administer medicines. **(see Requirement 2)**

Activities

Provision of activities has been affected by the staffing situation. The recommendation made in the last report has not been met. It would be good to see residents more involved in the life of the home so that they can help and contribute if possible. Residents who are able and wish to could be involved in some of the household tasks. Physical activity is very beneficial for residents. **(see Recommendation 3)**

A relative spoken with asked for internet connection so that her mother could see and speak to her distant relatives. She felt this might help her depression. The manager stated that this would be done.

Grade

3 - Adequate

Requirements

Number of requirements - 2

1. The provider must ensure that care plans are wholly reviewed with the resident if possible or their representative at least once in a six monthly interval, or when requested to do so by the resident or representative or when there has been significant change in a resident's health, welfare or safety needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 5 (1) (2) (a) (b) Personal Plans

Timescale: 2 months from receipt of report

2. The provider must ensure:

a) that records of controlled drugs held within the care home meet best practice standards.

b) that staff competency is assessed at intervals. Management should consider the competency of relief staff who may only occasionally work within the home.

c) that all care staff who administer medication have training that is in line with accepted practice.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Welfare of users

Timescale:

- a) 2 weeks from receipt of report
- b) 3 Months from receipt of report
- c) 6 months from receipt of report

Recommendations

Number of recommendations - 3

1. It is recommended that management ensure:

a) That an inventory of all pressure relieving equipment is created with information how it is used and any other information staff should have to be able to use the equipment.

b) Care plans should have the information about the pressure setting of the active mattress for the resident that was using it.

c) There should be a system in place to make sure that foam pressure relieving mattresses are regularly turned and cleaned.

National Care Standards, Care homes for older people - Standard 5:
Management and staffing arrangements.

2. It is recommended that improvements are made to the dining experience of residents, and more effective use is made of fluid charts as outlined in the report.

National Care Standards, Care homes for older people - Standard 13: Eating well.

3. It is recommended that management consider improving the activity provision within the home on a day-to-day basis. Residents should be able to be engaged in some meaningful activity for some part of the day. Consideration should be given to leadership and training to improve delivery of this essential part of the care service.

National Care Standards, Care Homes for Older People – Standard 12: Lifestyle.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 3 - Adequate

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the environment within the service."

Service strengths

The service grade for this statement is good.

For evidence see Quality Theme 1, Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

"We make sure that the environment is safe and service users are protected."

Service strengths

From the evidence examined we found the service grade for this statement to be adequate. This was after looking round the building and at the equipment used. We also looked at Health and safety records, risk assessments and shift rotas.

There were residency agreements in individual care plans.

To protect residents, the handyman recorded water temperatures of hot water outlets accessible to residents to check that they were within an acceptable range and would not scald. He also completed checks and bleached shower heads to help ensure that legionella would not develop.

The handyman was also the gardener and bus driver. He interacted well with residents and could provide gardening activity for those interested. He would take residents out in the bus for a jaunt if he was running errands.

There was a maintenance and repairs book in which staff could note what needed attention from him.

We found that hoists and slings were regularly maintained. There was some information in care plan about the type of sling the resident needed.

The décor had been improved including new curtains, furniture and carpets. There were new tropical fish tanks that looked very bright and fresh. One of the staff's husbands had volunteered to maintain them. Residents enjoyed watching the fish.

On walking round the home we found that sluice doors were locked to prevent access by residents because of potentially dangerous chemicals.

The housekeepers indicated that they had a new carpet shampooer which effectively cleaned. Cleaning records were kept daily and the housekeepers explained they were following new procedures to reduce any cross contamination. There was good provision of equipment for hand hygiene. Bathrooms were generally clutter free but rather clinical. The manager had plans to make them more homely by some simple techniques.

There were clear signs for toilets and bathrooms and bedroom doors had been personalised which might help residents to find these rooms. A corridor was decorated with black and white photos of Orkney 'back in the day'.

In the last report there was a recommendation about the malodours in St.

Marys. Just after the inspection visit ended, we were told workmen had arrived to replace flooring to try and eliminate the smell. The flooring under the carpets was to be replaced in the dining room and in two bedrooms as well as putting down new non slip vinyl. See areas for improvement.

Areas for improvement

Staff who report repairs in maintenance book should sign and date entry and the handy man should also sign and date when complete. These records should be able to be checked.

From the manufacturer's instructions there were restrictions as to specific slings that could be used with particular hoists. This information should be available to staff using the hoists.

Consideration should be given to having different coloured toilet seats and rails to help those with visual or cognitive impairments to easily see them.

There could be further visual cues developed around the home with which residents could identify. This would help those who have dementia to feel more relaxed and confident about where they are. Guidance and research documents are on the Care Inspectorate 'Hub'.

Staff should consult with residents or choose the music played in the home with a view to involving residents. We observed residents in St. Marys becoming frustrated when music was heard that they did not know. Some residents were really enjoying singing along but lost interest when it was more recent music.

Staff, relatives and housekeepers stated that the heating was erratic. In November plumbers worked to improve the heating but the maintenance book showed that several radiators have needed attention since then.

Relatives indicated that there was a problem with the oil supply earlier when during the day residents had to wear their coats indoors. The manager confirmed there had been a problem though they were without heating for less than 24 hours. Management must make sure that heating is adequate for residents. **(see Recommendation 1)**

Several relatives and residents indicated that staff could take a long time to answer a call bell and they were distressed by this. Once staffing is up to an acceptable level, management should regularly audit the time care staff take to respond to a call bell.

Staff, residents and relatives indicated that shifts are often short which has implications for the quality of care. We could see from allocation sheets that there were gaps in staff numbers. Management have had to use relief staff from home care service who do not know the residents. Many residents had a high need for staff intervention for example a significant number needed two staff for personal care and many needed someone to help them with their meal. Management need to ensure that all is being done to provide enough staff to meet the needs of the residents within the home. Account must be taken of residents' dependency levels. **(see Requirement 1)**

With regard to the offensive odours in St. Marys it would be beneficial for staff and seniors to work together to find ways to improve the continence of residents on that wing. There are some resources about continence on 'The Hub' on the Care Inspectorate website.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users - ensure that at all times there are sufficient suitably qualified and competent persons as are appropriate for the health, welfare and safety of residents.

This is in order to meet the Social Care and Social Work Improvement Scotland (Requirement for Care Services) SSI 2011/210 Regulation 15 (a) Staffing

Timescale: 1 month from receipt of report.

Recommendations

Number of recommendations - 1

1. It is recommended that the provider ensure the heating within the home is suitable for the residents at all times.

National Care Standards, Care homes for older people - Standard 4: Your environment.

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service strengths

The service grade for this statement is good.

For evidence see Quality Theme 1, Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

From the evidence seen during this inspection we found that the standard was within a good grade. This was after we spoke with staff, looked at training and supervision records, minutes of staff meetings and other documents.

The induction process for new care staff included shadowing more experienced staff for at least two weeks and essential training. This included safe moving

and handling, health and safety, fire, and infection control before becoming a full member of staff.

A new training spreadsheet was being developed which showed all training being undertaken by staff. From records and from staff, mandatory training was being kept up to date. Staff also had opportunities to access training about residents' health conditions and relevant subjects in a variety of ways including through I-learn modules, community health professionals, local college and in house. Most care staff had a good level of dementia training.

At present each staff position had designated training that the employee must complete though this was currently being evaluated by senior management.

Staff confirmed that supervision happened fairly regularly. Supervision was regarded as useful and supportive. All staff had an annual appraisal. The manager was seen as approachable and willing to listen to concerns.

There had been a few staff meetings including a very well attended meeting that was held in November. From the minutes, staff contributed their concerns and ideas. There were occasional mini meetings on each wing.

Management assured and records confirmed that all staff had been registered with Scottish Social Services Council (SSSC) or if new, the application to register process was underway.

Areas for improvement

We found morale of care staff very low. Experienced staff indicated that they were struggling to get satisfaction from their job as they feel that they are only providing basic care. There was a threat of losing staff. Front line care staff indicated that they felt isolated from the seniors and manager and that they were left to struggle as best they could. Management should consider shift arrangements and whether there could be improvements in communication to offer more support, guidance and leadership to care staff. Care staff need to witness senior and managerial staff leading by example.

Fire training is planned for this year about evacuation and fire extinguishers.

Management must ensure that staff are registered within the correct part of the register for the role they fulfil.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service strengths

The service grade for this statement is good.

For evidence see Quality Theme 1, Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide."

Service strengths

From the evidence looked at during this inspection we found that the standard was within a good grade. This was after we spoke with residents, relatives and staff. We looked at minutes of meetings, development plan, audits and other records.

As reported in Quality Theme 1, Statement 1 residents and relatives have opportunities to provide feedback and contribute suggestions to improve the service. We could see that management had listened and had implemented some ideas. Newsletters and notices highlighted management's open door policy.

Each senior was responsible for an area of the service and each should complete regular checks to evaluate how the service was performing. Care plans were audited and we could see care plans where some of the identified actions had been signed off. Seniors and the manager met regularly to discuss the service and managers of all Orkney care homes convened to share good practice.

The manager completed audits for example about dignity in care and health and safety. Improvements needed were highlighted at the team meeting.

The development plan showed the proposals in progress for the service. These initiatives came from a variety of sources including residents and relatives, staff, allied health professionals and OIC managers.

There was a robust system to ensure all hoisting equipment was checked and serviced.

The manager had received very good feedback through questionnaires she had issued to local GPs. There were good working relationships with allied health professionals.

Staff had recently completed a survey from OIC and the results were being collated.

One of the housekeepers has been tasked with doing regular environmental audits and reporting directly to the manager her findings. Through this process there have been improvements in different parts of the home.

There had been no complaints made recently though one had been made to OIC earlier in the year. This had been upheld and the relative confirmed that this

issue about medication had been improved to her satisfaction.

The complaints procedure was promoted through notices and through the OIC website.

Areas for improvement

Seniors reported that they struggled to keep up with their duties as well as supporting care staff. Staff shortages on shifts over a long period of time were undermining the quality of the service. Residents had high dependency needs which left little time for staff to provide other than necessary personal care. As reported in Quality Theme 2, Statement 2, senior management need to ensure that the home is staffed to meet residents' needs which include meaningful activities and social stimulation.

It was planned to keep residents and relatives informed about progress of the new home through newsletters.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. In order to comply with SSI 2011 210 regulation 4 (1)(a), medication arrangements for dispensing, recording and storage need to improve and meet accepted practice.

This takes account of National Care Standards, Care Homes for Older People - Standard 15 - Keeping Well - Medication.

The Royal Pharmaceutical Society of Great Britain, 'The Handling of Medicines in Social Care.'

This requirement was made on 02 December 2014

There had been action to meet this requirement and secondary dispensing of medication had stopped. Further concerns about medicine management had been identified and is reported in Quality Theme 1, Statement 3.

Not Met

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. It is recommended that care plans are kept up-to-date, and contain sufficient information about the individual residents' preferences and interests to provide a person centred approach. Where a resident has communication difficulty there also needs to be information about how they communicate, and how to support people to make decisions and choices. This growing body of knowledge about individuals needs to be recorded in a way that is easy for care staff to access. There should be evidence that the care plan has been discussed with the resident or a close relative as appropriate.

This takes account of National Care Standards, Care Homes for Older People – Standard 6 – Support Arrangements

This recommendation was made on 02 December 2014

There was good detail in some of the care plans examined. This is reported in Quality Theme 1, Statement 3.

2. It is recommended that management consider improving the activity provision within the home on a day-to-day basis. Residents should be able to be engaged in some meaningful activity for some part of the day. Consideration should be given to leadership and training to improve delivery of this essential part of the care service.

This takes account of National Care Standards – Care Homes for Older People – Standard 12 – Lifestyle.

This recommendation was made on 02 December 2014

This recommendation was not met and is repeated.

3. It is recommended that management and staff review continence management and cleaning arrangements in St. Mary's to prevent the unit smelling of urine.

This takes account of National Care Standards, Care Homes for Older People – Standard 4 – Your Environment.

This recommendation was made on 02 December 2014

Flooring was being replaced. We will report on this at next inspection.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
2 Dec 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
16 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not Assessed
		Management and Leadership	4 - Good
11 Jul 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and Leadership	4 - Good
23 Jan 2013	Unannounced	Care and support	Not Assessed
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	Not Assessed
17 May 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate
25 Jan 2012	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	3 - Adequate
4 May 2011	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	2 - Weak

17 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
16 Sep 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed 4 - Good
23 Feb 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
2 Oct 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
11 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 4 - Good 3 - Adequate
9 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.