

St. Andrew's Care Home Care Home Service

Stirches
Hawick
TD9 7NS

Telephone: 01450 372360

Type of inspection: Unannounced
Inspection completed on: 23 May 2018

Service provided by:
Park Homes (UK) Ltd

Service provider number:
SP2006008483

Care service number:
CS2006131208

About the service

St Andrews Care home has been registered since 2007.

It provides both residential and nursing support to 40 older people, including short breaks and respite. St Andrews care home is owned by Park homes (UK) Ltd whose base is in Bradford, this is their only home operating in Scotland.

The home is situated in its own grounds on the outskirts of Hawick in the Scottish Borders and provides ample parking for visitors as transport is advised to access.

Accommodation is provided over three floors. All floors have their own sitting areas and dining rooms which are accessed by the residents on a regular basis. Some of the rooms are single but there are rooms which are larger and can accommodate couples who are looking for on-going care and support. There is a mixture of rooms with en-suite facilities which consist of a level access shower wash basin and toilet. Other rooms are standard with no facilities but with toilet and bathing facilities close by.

All floors are accessed by stairs and newly refurbished lift for those that are unable to manage stairs.

The homes aims and objectives include:

"St. Andrews' objective is to provide a high standard of individualised care to all its residents. It is the object of St. Andrew's that all residents will live in a clean, safe environment and be treated with care, dignity, respect and sensitivity to meet the individual needs and abilities of the resident."

What people told us

For this inspection we received two questionnaires from residents and seven questionnaires from relatives / carers. We spoke with six residents and six relatives.

One resident told us that they "liked their room" and that they "get a good chat / laugh with staff" and another resident said "There are frequent social events, entertainment and activities organised that I can join in with if I want to, but there could be more"

Relatives / carers told us that "If there is anything that concerns us the nurses are very responsive"

Feedback from the service questionnaires include;

"Generally speaking there has been quite an improvement in the home during the three years she has been resident there. Her relations with the staff are very good"

"All members of staff are very caring and nothing is too much bother"

"They work very hard from the cleaners to management"

"Great food very impressed with this"

"Nice friendly staff"

"We appreciate the kindness shown to mum right up to and especially to the end of her life. So many went the extra mile"

"There does not appear to be name / designation badges worn by staff"

"My sister and I appreciate everything the care home is doing for my mother"

"As in many other homes it would be good if staff had a little more time to spend one to one with patients with advanced Alzheimer's and poor eyesight as they are not usually able to take part in group activities and crafts as easily"

Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

From 1 April 2018 the new "Health and Social Care Standards" will replace the existing Care Standards. These Standards seek to provide better outcomes for people who experience care, and services should now be familiarising themselves with these. We would encourage services to prepare for the implementation of the standards by working with staff and people experiencing care to raise awareness and explore what they mean in their specific setting, and consider how they impact on their work.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

The quality of care and support was very good.

Care plans gave clear direction about how to deliver each person's care and support, along with details of personal interests and preferences. This is important in ensuring that care is provided according to the needs and wishes of the individuals. The care plans examined did provide this information, however, the layout of care plan folders made it difficult to identify some assessment and review information. This meant that health and well being needs, in particular, could be missed. The manager has agreed that she would like to develop abbreviated plans that would be kept in resident's rooms. This information would be helpful to new members of staff ensuring residents experience consistency in their care and how it is provided.

The service was keen to gather feedback from their residents and they completed a survey in February 2018 which asked how well the service was supporting them. Twelve service users participated in this survey. The questions included "how they liked their bedroom", "did they have choices and were they being met by the staff" and "do you feel that you have a say in decisions about your care and support" of the 12 residents that participated 11 said yes.

The dining experience was very positive in particular breakfast. This was very flexible and continued till late morning. This enabled residents the opportunity to eat breakfast as and when they got up either in the dining room or in their rooms promoting dignity and choice.

We completed a SOFI 2 observation which shows good and poor interactions between residents and the staff team. We observed four residents all of whom had very positive interactions both with other residents and the staff team supporting them. This ensured that residents experienced care where all residents were respected and valued.

Anticipatory care was detailed in the main body of resident's files. We discussed this with the manager in regards to making this a more adaptable document which can be flexible to the needs of those residents and can be altered if their condition improves or stabilises. The <https://ihub.scot/anticipatory-care-planning-toolkit/> will give the service some direction as to how to develop this. This will ensure that residents receive support based on relevant evidence, guidance and best practice.

(Recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To reassure people that agency nurses have the right skills, training, experience and qualifications to care and support them well when in a palliative stage of their lives the service should;

- * Develop a pathway that ensures that resident's wishes are identified
- * There is a clear pathway to follow
- * There is a clear assessment pathway to ensure there are no changes to that individual's needs that require to be addressed.
- * There is the opportunity to review documentation to ensure that all the needs are reviewed and updated to ensure the plan is responsive to the needs of the resident.

This is to ensure that care and support is consistent with the Health and Social Care standards, I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty. (HSCS 3.18)

Grade: 5 - very good

Quality of environment

Findings from the inspection

The general upkeep of the building due to the age and size of it is very difficult; however we observed a very good standard of cleanliness in rooms, bathrooms and communal areas. Rooms were decorated to resident's choices and furnished with their own belongings. This ensures that rooms have been adapted, equipped and furnished to meet the needs and wishes of that resident.

We observed good record keeping of all equipment that required to be maintained. This included all hoists and slings, wheelchairs, bed and door sensors and nurse call buttons. Water temperatures were monitored and adjusted; TMV's (Thermostatic mixing valves) were fitted to all basins and baths to reduce the risk of scalding. Shower heads were checked quarterly and disinfected to prevent Legionella.

Feedback from questionnaires highlighted that there was not enough gloves and aprons. We observed adequate amounts of gloves and aprons at central stations situated around each floor. We checked over the three days of inspection to ensure these were stocked adequately.

A relative highlighted issues around access to the building and the lack of adequate lighting at the main door. This was especially problematic in the winter. We discussed this with the director who explained that they have had numerous electricians up to look over this task. Park Homes have recently employed an electrician and the director was scheduling him to come to the home to see if he could suggest how more lighting could be installed.

The manager has future plans to develop a safe garden area for the residents on the first floor to access. This will provide residents the opportunity to access the outdoors which is secure and safe and adapted to ensure that it is a welcoming and peaceful area that can also be used with visiting relatives also.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

Staffing was very good

Service users were cared for by staff who were skilled and received training that was appropriate to their needs. Staff were warm and caring, and showed compassion and respect in their interactions, However we observed many of the staff not wearing name badges. This is important for relatives in particular to be able to identify staff who are caring for their relative or friend. The manager should encourage staff to wear their badges and report to them as soon as possible if lost or damaged.

It is important that staff can spend meaningful time with people, so that their health and social care needs can be met. Whilst staff spent as much time as they could, we saw that this was affected by priorities in attending to physical care needs. The service understood the value people placed on meaningful social contact and we advised them to take account of this when deploying staff and look to explore how the keyworker role could be developed to support this.

We discussed the importance of nurses and support workers practicing at the appropriate levels of dementia care, particularly where they worked in the support unit. The Scottish Promoting Excellence Framework helps identify where their skills and knowledge about dementia are. Promoting Excellence in dementia care is a free resource available at <http://www.gov.scot/Resource/Doc/350174/0117211.pdf>. By ensuring nurses and support workers are working at the appropriate level, people with dementia will be reassured that staff know how to care and support them well.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

Management and leadership is good.

The manager described her hands on approach and open door policy to management and the importance of having regular contact with residents. We observed this during the inspection. This was also confirmed in discussion with residents, staff and visitors. The manager was able to speak in detail about the needs and strengths of residents. Staff told us that the manager was fair and that they now felt a sense of stability.

We discussed with the manager the importance of having a management qualification now that there is permanence in their role. This will ensure that they are able to expand their range of knowledge and skills and values to enable them to take on leadership and management challenges that face care services today. (Recommendation 1)

Documentation was completed well; however we observed two areas where documentation was incomplete. We advise the service to look at this and see how they can develop better recording methods to ensure documentation does not remain unfinished or incomplete. (Recommendation 2)

Dependency levels in the care home linked to staffing levels were being regularly updated, and the service was responsive to increasing staffing levels when there were new admissions.

Supervision was completed every six months and was clearly documented if this was not completed and rescheduled. Supervision gave the staff member the opportunity to discuss any training needs and their work practice with the option to document what was to be followed up at the next supervision session. We observed yearly appraisals, this showed reflective practice about what the staff member had achieved for that year and what they wanted to work on in the forthcoming year.

As we are not requesting a self-assessment we would advise the service to develop a plan covering the short term and longer term goals and what areas they are currently working on. The recommendations and areas for development in this report will help to develop a longer plan and continue to improve the service.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. To reassure people that the manager has the correct knowledge and skills to develop the service the manager should look to develop their skills by undertaking leadership and management training.

This is to ensure that care and support is consistent with the Health and Social Care standards 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14)

2. To ensure that people have confidence in the service systems should be developed where documentation:

- Updated as required
- Is signed, dated and countersigned.
- An audit of anticipatory or end of life plans is completed weekly and new documentation put in place if a residents care has changed.

This is to ensure that care and support is consistent with the Health and Social Care standards 4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

Grade: 4 - good

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 implement a system whereby the care of clothing is improved to make sure that items are named and fit to be worn. Records of belongings should be update.

National Care Standards Care Homes for Older People, Standard 5.1, Management and staffing arrangements.

This recommendation was made on 27 July 2017.

Action taken on previous recommendation

The provider has implemented a system that will pick up any residents clothes that are not fit to be worn and that are not named.

The provider, through its Key Workers system, will ensure that the residents belongings are kept up to date.

Room checks completed and some residents still have some items of clothing that look a little worn. One resident whose clothes looked a little worn and tired but the manager aware resident not got a lot of funds to replace old clothing. In summary clothing in good order and being managed appropriately.

This recommendation had been: MET

Recommendation 2

The provider should adopt a dependency assessment tool and base the staffing numbers on the outcome of these. Dependencies should be reviewed on a four weekly basis or more often when there are changes in the needs of residents.

National Care Standards, Care Homes for Older People, Management and Staffing Arrangements.

This recommendation was made on 27 July 2017.

Action taken on previous recommendation

The provider has adopted the Isaac & Neville Scores (I & N) tool to evaluate the dependency of the Residents.

Based on this tool which will be evaluated and scored on a monthly basis it will deploy the staff in the Home. We observed the audit of this and we can see that this is being completed on a regular basis

This recommendation had been: MET

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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
26 Apr 2017	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
10 Jun 2016	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
7 Dec 2015	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
17 Sep 2015	Unannounced	Care and support 1 - Unsatisfactory Environment 1 - Unsatisfactory Staffing 1 - Unsatisfactory Management and leadership 1 - Unsatisfactory
31 Aug 2015	Re-grade	Care and support Not assessed Environment Not assessed Staffing 2 - Weak Management and leadership Not assessed

Date	Type	Gradings
18 Dec 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
30 Apr 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
10 Dec 2013	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 2 - Weak
5 Sep 2013	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and leadership 2 - Weak
18 Mar 2013	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 2 - Weak
8 Nov 2012	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 2 - Weak
25 Jul 2012	Unannounced	Care and support 2 - Weak Environment 1 - Unsatisfactory Staffing 2 - Weak Management and leadership 1 - Unsatisfactory
30 Jan 2012	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
30 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
18 Jan 2011	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate Not assessed
12 Oct 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak 3 - Adequate
4 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 1 - Unsatisfactory
21 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good Not assessed
21 Apr 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 4 - Good
5 Nov 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

To find out more

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

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @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 cànan eile ma nithear iartras.

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.