

St. Columba's Care Home Care Home Service

1 Logie Street
Dundee
DD2 2QF

Telephone: 01382 668854

Type of inspection:

Unannounced

Completed on:

18 October 2018

Service provided by:

Priority Care Group Limited

Service provider number:

SP2003000048

Service no:

CS2011303629

About the service

St. Columba's Care Home is situated in the Lochee area of the city of Dundee. The service is registered to provide a care service for up to 54 residents, and is provided by the Priority Care Group.

This service provides mainly long-term care for older adults, and also provides respite or short-term breaks. There are 54 nursing and non-nursing beds situated on the upper three floors of the home.

The ground floor has been converted into 'the street', comprising of a library, sweet shop, cinema, bar, hairdresser and tea room.

All the bedrooms are single occupancy with en-suite facilities. There is also a secure private garden for residents' use.

We carried out an unannounced inspection over two days on 1 and 2 October by two inspectors and an inspection volunteer.

What people told us

We sent out Care Standard Questionnaires to residents, relatives and staff prior to commencing our inspection and 16 were returned to us. In addition we spoke with people during the course of our inspection. Their views are represented here:

Residents:

'I consider myself to be lucky to be a resident at St Columba's.'

'My room is very clean and I love spending time watching my favourite programmes.'

'The staff are very good with me, they are very helpful.'

Relatives:

'I am very happy with the care my relative receives at St Columba's, and I know she is safe.'

'I appreciate that staff cannot spend time with people who prefer to return to their rooms after meals. Stimulation and company is in short supply, but not the fault of staff.'

'My relative is a vegetarian, and the chef always makes lovely meals for her.'

'Relatives are always invited to any entertainment that they put on.'

'I feel that staff could at times give more attention to my relatives state of dress.'

Staff:

'I have worked at St Columba's for the last nine years, and feel that excellent team work is its success.'

'St Columba's is a very professional and safe working environment. I am very pleased to be part of the team.'

'I have great support from everyone at work, and enjoy coming to work.'

'I feel I am getting the support and opportunities to keep up to date with my professional development.'

'I am happy working in St Columba's, as all the staff and management are working hand in hand to meet our service users needs.'

'I am constantly improving my skills and getting support from management.'

'My residents always get the meals of their choice.'

'The service promotes participation in improving the service it offers, through having regular residents meetings and review of menus and so on.'

'We provide person centred care.'

'My confidence has grown and now I am able to understand care areas like, Palliative care, Huntington's, dementia and Parkinson's which is all relevant to my job.'

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We saw that people were supported with patience and kindness at St Columba's care home, with staff demonstrating supportive approaches to residents. Care and support was carried out at a relaxed pace, which created a calm atmosphere for people living at this service. We received very positive feedback from residents and relatives, who told us; 'All the staff are lovely, and 'they can't do enough for you'.

We saw that people were offered choices at mealtimes; this was supported with menus on the tables, and by staff offering a visual choice of meals. We found that there was a choice of fluids available and staff checked with people during mealtimes to ensure that people had enough to eat and drink. We noticed during our inspection, that condiments were not available on the tables in all areas. We discussed with the service, how people could be supported to be more independent by the provision of these, and smaller jugs of juice/water. This was in order to enable people to be more independent if they wanted too. Staff demonstrated very kind and patient approaches when supporting people to eat and drink. However, we found that a consistent approach was not always used. For example; we found that one member of staff was supporting two people with their meals at the same time. People should expect that if they need help with eating and drinking, this is carried out in a dignified way, which respects personal preferences.

People at St Columba's benefitted from a range of activities, which were organised and supported by the activities coordinators, and support staff. The service had created 'The Street', on the ground floor, which offered a variety of different areas for people to enjoy. This included, a cinema, library, bar and café area. During the course of our inspection, we saw that some residents were being supported to use these areas, and we received very good feedback from relatives about the range of activities available.

We also received feedback from some residents, who told us that 'the days can be long', or, 'there isn't much to do'. We found that not all staff understood their role in supporting people to have meaningful days. This meant that there were some missed opportunities to interact with residents, especially those less able. For example during our visit, some staff didn't always ask people about their preferences in respect of what TV programmes or music to put on in the communal lounges, or stay in the room with them to support these activities.

We carried out a 'Short Observational Focus Inspection' (SOFI) during the course of our inspection. We saw that some people were supported to the dining areas well before the meal was served. This meant that people were sitting for long periods whilst waiting for their meal. In addition, although interactions between staff and residents were kind and patient; we saw that staff did not always explain to residents what they were doing, when moving and assisting people up from their chairs to the tables for lunch.

It is important that people are involved in decisions about the home in ways that are meaningful to them. Relatives had opportunities to feedback about the service via residents meetings and also one to one meetings. However, we found that it wasn't clear how these had informed future developments and improvements for the home.

Support plans detailed the physical health requirements of individuals and were reviewed regularly. It was good to see that 'prompt sheets' were available in the care files. These detailed some personal information about people's preferences and assisted staff to get to know each individual. We saw that reviews of support were being held, however found that these documents held little information about how people had been supported to meet their personal outcomes. There was information available in different areas of the care and support plans which could have strengthened these documents, especially in respect of preferred activities and meaningful days.

Some support plans that we looked at had identified that some relatives held Power of Attorney or Guardianship responsibilities for some residents. However, in some cases, we found that there was no documentation in place to evidence that these powers were held. It is important that when residents independence, choice and control are restricted, that there is a legal framework in place and that any restrictions are kept to a minimum. We also discussed how Do Not Attempt Cardio Pulmonary resuscitation (DNACPR) documentation could be improved, in order to evidence that these discussions were understood and had been discussed with, relatives, Power of Attorneys or representatives.

There was good evidence of peripatetic involvement from other professional supports such as DR's, opticians, dentist, podiatrist and so on. This meant that the service worked effectively with external professional supports in order to ensure the wellbeing of people using this service.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

4 - Good

We found the service to be clean and comfortable, and offered a variety of spaces for people to enjoy, including a secure garden. It was clear that some areas of the building were showing evidence of wear and tear and were in need of some refurbishment. Some areas of the home; such as the sluice rooms on both floors and some of the bathrooms were being used to store equipment. This meant that these areas were difficult to access, or use for their intended purpose.

During the course of our inspection, we found that some of the communal bathroom areas lacked personalisation, or homely touches. In addition we found that some of these areas lacked essential storage for personal protective equipment, and that some emergency pull cords were tied up or broken. This meant that there could be delays in summoning assistance in an emergency.

It was good to see that there were separate small lounges for people to enjoy with their visiting relatives, however we found that the door closers to both of these rooms were faulty or incorrectly adjusted. We brought this to the attention of the deputy manager on the first day of our visit, and were pleased to see that these had been correctly adjusted by the next day.

We found that it was difficult to differentiate between the floors of the care home due to the similarity in décor and appearance of each floor. The manager was aware of this and informed us that refurbishments were planned in the future. We discussed ways in which people could be consulted and involved in this process to ensure that their views were taken into account.

We were pleased to see that an audit of the environment had been completed, in order to assess how the environment could be improved to meet the needs of people living with dementia. We discussed how this could be shared with residents, relatives and staff, and were pleased to hear that some improvements were planned in the near future.

How well is our care and support planned?

4 - Good

Care plans described the support people needed to maintain their health and wellbeing. There were records of consultations with other professionals, that meant that people could be confident that staff would support them to consult with the right people about any health concerns.

We saw that reviews of people's support plans were taking place, although some had lapsed beyond the required timescales. We found that review documentation lacked detail, and were not outcome focused. This meant that there were missed opportunities to highlight successes, identifying people's preferences, and using this information to influence how people wanted their care and support to be delivered. We found, that of the sample that we looked at, reviews had not been signed by residents or their legal representatives. This meant that we could not be confident that all parties agreed with the discussions at reviews. We shared information about how reviews could be strengthened to include this information.

The service was working hard to improve how people were supported at the end of their lives and were developing Anticipatory Care Plans (ACP) with families and other peripatetic professional supports.

We found that people had 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) documentation in their support plans. Whilst it was clear that some discussions had taken place with some people; we found that these documents were generally not signed by people or their legal representatives. This meant that we could not be confident that all relevant people were aware of these documents, and understood them. This work was not completed at the time of our inspection and we look forward to seeing how this is developed over the coming months.

We found that some clinical procedures, such as wound care plans did not follow best practice guidance in respect of recording. Similarly, we found inconsistencies in the recording of where medication patches were positioned, which increased the risk of confusion for staff administering these.

We found that care plans lacked essential detail in how to support people who are experiencing stress and distress. When we spoke with staff, it was clear that they knew residents well, however there was a risk that less familiar staff would have difficulties understanding the support needs of individuals. This increased the potential risk of poorer outcomes for people experiencing stress and distress.

Risk assessments were in evidence within support plans; however we found that these were generalised and lacked detail specific to each individual, or did not always link to the individualised assessment, or wishes of individuals. There were missed opportunities to discuss risk assessments for individuals during reviews, to ensure that these were person centred.

It was good to see that documentation was available detailing the personal preferences of each person. We discussed ways in which to strengthen these documents, in order to provide more detail about preferences, activities, and also to measure people's outcomes and achievements.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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