

St. Margaret's Home - Dundee Care Home Service

Victoria Road
Dundee
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Telephone: 01382 223865

Type of inspection:
Unannounced

Completed on:
10 September 2020

Service provided by:
The Trustees Of St Margaret's Home

Service provider number:
SP2003000092

Service no:
CS2003000509

About the service

St. Margaret's Home is situated in a residential area of Dundee, close to the city centre. It is registered to provide care for up to 34 older people. The home is overseen by a board of trustees. The home benefits from its elevated position within the city, affording views of the River Tay. Accommodation is provided across two floors, with access to an outdoor roof garden from the upper lounge floor. Limited parking is available on the site. There were 26 people living in the service at the time of the inspection.

The service has been registered since 2002.

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 Health Improvement Scotland.

What people told us

We spoke with four people living within the service during the inspection. All confirmed that they were happy with the care and support they received. There were no relatives visiting the service at the time of the inspection.

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?	4 - Good
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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?

4 - Good

7.1 People's health and well-being are supported and safeguarded during the COVID-19 pandemic.

The focus of this inspection was to evaluate the care and support which people have received during the COVID-19 pandemic. We wanted to explore whether people's rights have been respected and whether their physical, mental and emotional health has been promoted. We found the service to be operating at a good level, with important strengths which clearly outweighed areas for improvement.

It is important that people's rights are respected and that they are always treated in a dignified way. We observed many warm and supportive interactions at St. Margaret's, where people appeared to have strong relationships with those who care for them. As a result, the environment was calm and relaxed, with people going about their day with prompt support from carers when required. People told us that they were happy with the care and support they had received. One person told us (of the staff) 'things have been quieter but they've always looked on the bright side'.

We would expect that people have been supported to stay connected with their families over the COVID-19 period and saw good evidence that this had been the case at St. Margaret's. People had been able to use video calls and online technology to see their families and we saw people using the home's mobile telephone during the time of the inspection. We saw that this had a calming effect and improved the mood of those who were able to make these calls. There was evidence that, where people wanted contact with their family every day, this was being supported.

A sample of personal support plans were examined as part of the inspection process and we could see that these had been reviewed regularly throughout the COVID-19 pandemic. Contact with a variety of health professionals had been maintained and we could see that, when people's health needs changed, the correct professionals were promptly contacted. Anticipatory care plans contained a very good standard of detail regarding people's wishes for end of life care but not everyone living in the home currently has a formal plan. We encouraged the home to extend the information in their informal plans until such time that formal plans can be developed (see Area for Improvement 2). The care plans which were examined did not show changes in care in response to the COVID-19 pandemic. Where there has been an impact on mood, behaviour or mobility as a result of the restrictions, it is important to identify ways to address this.

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

During an outbreak of COVID-19, the application of strict infection control procedures is important to make sure people are safe. We found the performance of the service in relation to infection control practices to support a safe and clean environment to be good.

We found the service had good supplies of personal protective equipment (PPE) and staff knew how to access it. The PPE was situated at key points throughout the care home. We saw staff wearing correctly fitted masks; this helps to reduce the risk of transmission of air borne infections. We saw staff performing hand hygiene at the key points of providing care and when entering or exiting different areas of the home. Staff were seen to perform hand hygiene before and after providing care to individuals, before tasks such as serving meals and after touching individuals to help them, such as guiding them to a seat before moving to the next person to help them. This is required to break the transmission of infection between individuals.

People should experience an environment which is well looked after with clean, tidy and well maintained premises, furnishings and equipment. There was a good supply of cleaning products and solutions which were suitable for a range of cleaning purposes. We found the level of cleanliness in the home to be good. The bedrooms, ensuite shower rooms and communal areas were found to be clean and tidy. The home had a system called "resident of the day" in place to ensure that all rooms are regularly deep cleaned, the mattress and furniture are checked and residents or their carers are given the opportunity to raise routine repair needs. Most floors of the home were clean, however the corridor and stair carpets throughout the home showed signs of heavy use. Management discussed proposed plans for refurbishment, and this had been interrupted by current restrictions (See Area for improvement 1).

Equipment used to care for people was seen to be clean and free from dirt or contamination. Additional cleaning duties had been scheduled to increase the cleaning of frequently touched surfaces. Records of cleaning were seen and we saw that laundry and waste including clinical waste was managed appropriately.

Government guidelines and processes provide regular testing for staff. To provide good access to testing, the service had once a week testing but varied the day to capture the maximum number of staff on duty. Staff are aware of the testing procedures and are compliant with guidelines.

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

We evaluated that staffing arrangements in relation to the changing needs of people experiencing care were good. Staffing arrangements at St. Margaret's were found to be responsive for residents during the pandemic, changing in accordance to their needs. On the day of the inspection, staffing levels were found to be sufficient to promote positive outcomes for the people who use the service, with prompt responses from staff to meet people's care needs. Over recent months if there has been a shortfall of staff, the home have used a limited number of agency staff. This has been done in a mindful way, limiting the risk of Covid entering the home. Agency staff were tested, booked for long periods and not used if they had recently been in another care home.

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We spoke with staff during our visit and they were able to demonstrate knowledge of their training in infection control and the safe and effective use of personal protective equipment (PPE). Observations during the inspection showed that staff were well trained in doffing and donning PPE, handwashing and the disposal of PPE. Regular spot checks by the senior team ensured that good practice was maintained over time. This enabled the staff team to keep people as safe as possible. Staff were able to describe the changes in practice they have had to make since the pandemic had begun including, supporting people to maintain social distancing as much as possible, given the constraints of some parts of the environment.

People should expect that their support is consistent and stable because people work well together. We could see that being supported by regular staff who knew them well, had improved residents' sense of well-being. The strong team approach meant that staff were well informed, confident and proactive in ensuring people's safety and well-being during the COVID-19 pandemic. Staff had ensured that disruptions to people's lives had been minimised wherever possible.

Areas for improvement

1. In order to ensure that people experience a high-quality environment, management should ensure that planned refurbishments including replacing the corridor carpets are carried out when restrictions allow.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. In order to ensure the best end of life care experience, management should consider ensuring that all residents have a full anticipatory care plan which reflects their needs and wishes for end of life care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14 and 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

In order to ensure that the environment meets with the Health and Social Care Standards set by the Scottish Government, the provider must put in place an improvement plan by 31 December 2019. This plan must detail both short and medium term environmental changes and improvements which are realistic, measurable and achievable.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1), and in order to comply with The Health and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI 201 Regulation 10 2 (a) Fitness of Premises.

This requirement was made on 6 November 2019.

Action taken on previous requirement

The living room extension has been completed and the use of the communal areas of the home have been reconfigured. A number of bedrooms have been refurbished with ensuite bathrooms. Some communal bathrooms have been upgraded. Further improvement plans for the environment have been negatively impacted by the lockdown and pandemic, but we saw evidence that plans had been made and steps to put them into action had begun.

Met - outwith timescales

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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