

## St. Anne's Care Home Care Home Service

Windsor Gardens  
Musselburgh  
EH21 7LP

Telephone: 01316 655 591

**Type of inspection:**  
Unannounced

**Completed on:**  
1 April 2021

**Service provided by:**  
Sisters Of Charity Of St Paul The  
Apostle

**Service provider number:**  
SP2003002635

**Service no:**  
CS2003011184

## About the service

St. Anne's Care Home was founded by the Sisters of Charity of St. Paul and is registered to provide 24-hour care and support for up to 37 older people.

The home is situated in a quiet residential area of Musselburgh in East Lothian. The building has three storeys with the care home facilities and all residents' accommodation located on the ground floor.

The home provides accommodation in single rooms, many with en-suite facilities. A lounge and dining room are located in a central area within the home. There is a hairdressing salon and occasional seating areas located in various areas around the home.

St. Anne's states it aims to: 'Provide a quality of care for elderly residents where their physical and spiritual needs are catered for in an environment that offers dignity, confidentiality, support, security and consideration, achieved through a system providing high quality of care from a professional, motivated and well-trained staff'.

This was a focused unannounced inspection with Healthcare Improvement Scotland 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.

We involved an inspection volunteer in our discussions with the four relatives we engaged with.

## What people told us

We spoke to five of the 30 people experiencing care at the time of the inspection. Some people were unable to tell us about their experience in St Anne's. We spent some time observing how people interacted with other people and staff. We saw positive interactions which demonstrated that people were treated with dignity, respect, and genuine affection.

We also heard from ten relatives who complimented the quality of care to people.

Comments included:

"Very good communication, even the smallest of detail and they will call us with updates on dad. Newsletters are also received with regular updates."

"Only visits have been at the window. These have worked well for the family. Indoor visits were offered but declined in favour of having two persons at the window."

"Communication has been excellent throughout the pandemic. Couldn't praise them enough for the way they have kept in touch...."

"Mum is very well looked after at St Anne's [care home]."

"Mum has been in isolation more than she's not since arriving at St Anne's. They have been very good at keeping family up to date with current position / progress."

## 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?	2 - Weak
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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? 2 - Weak

### People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

We observed compassionate and respectful engagement between staff and supported people.

People were supported to maintain contact with family and friends through phone calls and other technology. Relatives told us that the communication between them and the service was good. The provider was developing ways to support indoor visiting in line with Scottish Government "Open with Care" and Public Health guidance.

People were being supported in their rooms unnecessarily. We felt that more could be done to support people to use some of the communal areas of the home, including the lounge and dining area to improve outcomes for people. This can be done by supporting people to social distance, helping them to enjoy each company.

Other than video calls with family members, there was a lack of meaningful activities for people and no forward planning was in place. The staff should engage with people more to develop personalised meaningful activity plans, as highlighted at our last inspection. Please see area for improvement one.

Staff were generally aware of people's care needs; however, care planning was found to be generic, not person centred and lacked up to date information about care needs and preferences. We also identified the need to improve anticipatory care planning to ensure people's preferences were known and catered for at the end of their life. Please see requirement one.

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

Sufficient PPE supplies were available, and staff were observed to be wearing them correctly. Waste bins were available for the disposal of used PPE, however some bins had no lids or had touch point lids, increasing the risk of cross infection.

Staff had received some training on COVID-19 guidance and infection prevention and control. Additional training was provided by the local health and social care partnership care home support team. Follow up training had been identified as being required and this was in the process of being arranged at the time of our inspection.

The healthcare needs of people were met but were compromised by poor infection prevention and control practice. We found that guidance in the National Infection Prevention and Control Manual (NIPCM) - Standard Infection Control Precautions (SICPs) were not always followed. We had concerns about care equipment including some lounge chairs and bed mattresses which were contaminated and required to be deep cleaned or replaced.

Cleaning schedules needed to be more comprehensive, underpinned by spot checks, observations of practice and effective environmental audits. These improvements will reduce the risks of cross infection, helping to keep people safer. Please see requirement two.

Improvements were needed to the laundry area and management of used linen. The space appeared cluttered, and we had concerns about the laundry processes being adhered to safely by staff, to prevent cross infection. Please see requirement two.

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

Our focus in this inspection area was to establish if staff had the right competence, knowledge, and skills to support people in relation to COVID-19.

Dependency assessments were completed to help inform staffing levels. Staffing arrangements were sufficient to meet people's care needs.

Although we were told staff had received appropriate training to support people safely during the COVID-19 pandemic, records and some practice did not reflect this. Training records were not being maintained and there was a lack of staff team meetings and supervision meetings taking place.

Overall, people were positive about the management of the service. We found the manager was very open and responsive. Although we were told team meetings were held, they were not recorded. Recording of practice related discussions and actions agreed is important to support the ongoing improving and development of the service and outcomes for people.

It is important for people to have confidence in the management of the service and that managers have a good overview of how well people's care and support needs are being met. Due to the areas of improvement from our findings of this inspection, we had some concerns about the management oversight of the service. Clear direction was lacking and the approach to improvement was not sufficiently detailed. Please see requirement three.

## **Requirements**

1. To reassure people that staff know how to care and support them, person planning, including anticipatory planning for end-of-life care needs to be improved.

In order to achieve this, the provider must, by 31 May 2021, evaluate and assess the suitability of the current personal plans. A full and detailed action plan must be available by this date which would include timeframe for the full completion for updated plans to be put in place.

In addition to this the provider must ensure that the updated plans include:

Anticipatory care plans that detail the potential needs of people at the end of their life; and includes people's wishes should their health deteriorate.

Accurate and up to date information for each person's care and preferences, which includes but is not limited to, health, risk, general care, meaningful activities, and communication.

This is in order to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Service Regulations, Scottish Statutory Instruments 2011 No 210:

This is also to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty'. (HSCS 3.18)

2. People experiencing care must have treatment or interventions carried out safely by staff.

By 31 May 2021, the provider must ensure:

- a) staff are familiar with the National Infection Prevention and Control Manual (NIPCM) - Standard Infection Control Precautions (SICPs).
- b) comprehensive systems and processes are introduced in relation to the above manual.
- c) weekly infection prevention and control audits are undertaken to identify areas of the home which require attention. Including but not limited to care equipment and soft furnishings and mattresses.

The comprehensive cleaning schedules in use, must include, but not be limited to:

- a) introduce comprehensive cleaning schedules for areas where there may be higher environmental contamination rates including "frequently touched" surfaces such as door and toilet handles, locker tops, over bed tables, and bed rails
- b) observations of practice, including but not limited to: i) hand hygiene, ii) use of PPE, iii) checks that no jewellery is being worn.

This is to ensure that care and support is consistent with the Health and Social Care Standard: 4.19 'I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes.'

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

3. To make sure people are kept safe the provider must have appropriate space and procedures for the infection, prevention and control of dirty laundry and management of clean linen.

By 31 May 2021, the provider must ensure:

People's laundry is washed, dried and ironed in a way that reduces risks of cross-infection. This must include, but not limited to:

- a) ensuring appropriate space is available to prevent cross infection between dirty and clean laundry.
- b) removing all non-essential items from the laundry.
- b) introducing clear procedures for the safe washing and handling of clean and dirty washing in the laundry;
- c) separating clean and dirty washing making sure there is not a mix in the laundry at the same time;
- d) ensuring all surfaces in the laundry are cleaned and wiped down prior to the clean washing being removed from the washing machine;
- e) not storing clean washing in the laundry but place in a more appropriate safe area within the home;
- f) completing a written procedure explaining the above actions;
- g) ensuring all staff are aware of the written procedures, are knowledgeable and consistent in adhering to the procedure;
- h) undertaking daily checks to ensure staff are adhering to the written procedure; and
- i) recording of any actions taken to improve areas of concern found during checks must be made.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state: 'My environment is secure and safe' (HSCS 5.17), and in order to comply with Regulation 10(1) Fitness of premises of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

4. In order to ensure people's care and support needs are delivered to meet their needs and wishes, the provider must ensure affective management oversight of the service is in place with strong leadership and enhanced quality assurance measures.

To achieve this, the provider must by 31 May 2021:

- Overview of staff training, relevant to supporting people through the COVID-19 pandemic. Including but not limited to the use of PPE and infection prevention and control.
- Ensure support and supervision to staff, including competencies of practice.
- Introduce comprehensive management of information and guidelines shared with staff and to discuss / reflect practice through team meetings.
- Ensure effective quality assurance systems that support improved outcomes for people.
- Implement a service improvement and development plan.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19) and "I use a service and organisation that are well led and managed." (HSCS 4.23). and in order to comply with Regulation 15 (Staffing) Regulations 2011.

## Areas for improvement

1. Meaningful activity should be available for each person and respond to their needs, wishes and choices and to ensure that they have every opportunity to participate. Evaluations of Individuals participation and engagement with activities could be used to help inform care planning and reviews. This may also assist to develop activities and events as residents needs and preferences change.

This is to ensure care and support is consistent with the health and social care standards which state: I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. (HSCS 1.25).

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

### Areas for improvement

#### Previous area for improvement 1

Meaningful activity should be available for each person and respond to their needs, wishes and choices and to ensure that they have every opportunity to participate. Evaluations of Individuals participation and engagement with activities could be used to help inform care planning and reviews. This may also assist to develop activities and events as residents needs and preferences change.

This is to ensure care and support is consistent with the health and social care standards which state: I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. (HSCS 1.25).

**This area for improvement was made on 13 June 2019.**

#### Action taken since then

Improvements are still needed. We have therefore repeated this area for improvement.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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