

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

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**Type of inspection:**  
Unannounced

**Completed on:**  
6 October 2021

**Service provided by:**  
Dunkeld Care Ltd

**Service provider number:**  
SP2020013489

**Service no:**  
CS2020379312

## About the service

St. Mary's Care Home, operated by Dunkeld Care Ltd, is a service for older people in the Angus town of Monifieth. It is registered to provide 24 hour care for up to 29 people.

The bedrooms are all ground level and there is range of communal areas, including an open plan lounge and dining room as well as two sun rooms and a further lounge. The home is set within well maintained grounds which have two self-contained, secure gardens freely accessible to residents.

The service has been registered since 06 November 2020.

This inspection was carried out by inspectors from the Care Inspectorate.

## What people told us

We spoke to several residents informally during our visits, everyone told us that they were very happy living in the home and that they thought the staff looked after them well and were kind and thoughtful.

We also spoke with five relatives to seek their views on the quality of care and support provided to their loved ones, comments included:

'I have been impressed that staff pay attention to the little details - small appetite so mum is encouraged with small portions and regular snacks. Family are kept up to date and informed, has no concerns about the care and support - would rate it highly - very good. The manager runs a tight ship, meticulous with IPC precautions - testing, temperatures, hand washing, has been very reassured and has felt safe and is confident mum is safe and well cared for.'

'X has been in St. Marys for seven weeks. Has settled in fine - I visit twice a week - do my own LFT before coming up. Lots of activities on the go - X does more now that she did at home, bus run on a Wednesday too - has enjoyed a few outings. Food is very good. No concerns - staff are all really nice and attentive.'

'Really really good - staff are marvellous - they are really good at supporting my dad who has dementia - they work out strategies, and really think about ways to support him.'

'There are always activities or something for dad to do - and something to keep him busy.'

'The service, staff and manager have been very supportive during Covid - Mother only recently moved in but we have felt supported with the move and staff have kept them informed and up to date with everything.'

'Very reassured - very happy with service - staff very kind and nothing is too much - always keep you in touch - very supportive - staff always support mum and aunt in making personal choices which enables them to play a part in everything they do.'

'Always lots to do - activities, games, gardening, outings etc - everything is picking up again. No issues about the care or service - would be happy to raise any thing.'

'Yes - staff keep us in touch, staff really nice, helpful, lots of social interactions - things to do puzzles, entertainment is pretty good - residents are pretty well entertained - mum seems happy. Staff are really attentive'.

## 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 care and support during the COVID-19 pandemic? | 3 - Adequate |

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

People's rights were respected and they were treated with dignity and respect. We observed warm and compassionate interactions between staff and residents, it was clear that staff and residents knew each other well. Relatives told us: 'Very reassured, staff are excellent, wonderful, really really good, staff are marvellous, they are really good at supporting my dad who has dementia'.

Where there were restrictions placed on people's freedom of movement, choice and control to prevent the spread of infection, these were kept to a minimum and undertaken sensitively. There were comprehensive risk assessments for the risk of 'infection from Coronavirus'. These clearly described how physical distancing would be supported and encouraged and further support plans provided more person-centred information for each individual which helped to keep people safe. Relatives said: 'The service, staff and manager have been very supportive during Covid'.

Personal plans should reflect people's rights, choices and wishes. Good care plans were in place that included basic details about people's needs. We discussed with the manager that these could be improved further by adding the knowledge that staff clearly had about people and linking the information in risk assessment tools. For example, where someone requires assistance to maintain their weight - the Nutrition care plan should include information about how staff are doing that. We heard about some very good care and support that was provided in this area but it wasn't included in the care plan.

There were comprehensive systems in place to manage people's monies. We discussed an area for improvement with the management team that could improve this further to ensure a more person-centred approach.

We heard how people had been supported to keep in touch with their families and loved ones using Skype, Facetime and phone calls this was important for their wellbeing and helping to maintain relationships. Visiting had progressed in line with open with care and people were enjoying a more relaxed approach to visiting - people were also enjoying trips out and about with family and on the home's bus. Relatives spoken with stated: 'Visiting is going well, no concerns'.

There were good records that described discussions with other professionals such as GPs, specialist nurses and physiotherapists and we saw that where advice had been given care plans and risk assessments had been updated.

During our visit people told us that the food was good and we saw people had choices from a menu and alternatives if they wanted something that wasn't on the menu. There was a system in place to make sure that people had enough to eat and drink and, where it was needed, people were supported to do this by staff. Staff kept records of food and fluid intake where it was assessed as necessary for people.

Advanced care plans had been developed in relation to the increased risk of becoming unwell with Coronavirus. We discussed how the staff could use the information gathered to produce more comprehensive end of life plans that would reflect peoples wishes and preferences when this time comes. There was good evidence of consultation with families in this area.

There was a varied activity programme in place. We observed a range of activities during our visit and families and residents told us what they had seen and enjoyed. People enjoyed group activities as well as individual activities and bus runs. The home benefits from attractive grounds and gardens which were popular with residents and families and encouraged people to get outside and enjoy the fresh air. Relatives told us: 'Always lots to do - activities, games, gardening, outings etc. Everything is picking up again'.

## How good is our care and support during the COVID-19 pandemic?

## 3 - Adequate

### 7.2 Infection prevention and control practices are safe for people experiencing care and staff.

We visited the service on the 06 and 07 October 2021, during these visits we evaluated how well infection control practices support a safe environment for people experiencing care and support. The home is based in a two-storey building with all resident's rooms on the ground floor. The home has 29 rooms and accessible communal areas. We concluded that people's welfare and safety was promoted, and that the provider, manager and staff had taken adequate action to ensure people were kept safe during the pandemic.

During an outbreak of Covid-19, the application of strict infection control procedures is paramount to make sure the risk to people's safety is minimised. Health Protection Scotland has issued practice guidance that all social care providers must follow to protect the safety and wellbeing of people experiencing care as well as all staff.

Government guidelines and processes provide regular testing for staff. The availability of this testing was communicated to staff and these were being carried out in line with best practice guidance. This meant that vulnerable residents were safer because staff who tested positive could self-isolate quicker.

The home had enhanced cleaning schedules and we observed staff cleaning frequently touched areas throughout the inspection. However, cleaning schedules did not cover all areas of the home and we saw some areas were not clean enough **(see Requirement 1)**.

There were enough handwashing facilities in the home, and staff told us and we observed how they supported those who required support with hand hygiene.

Staff spoken with were very knowledgeable about the actions they should take in order to keep themselves and the residents safe. We also saw that they promoted social distancing and wore PPE appropriately, however we saw in some instances this had not been disposed of correctly and was placed in general waste bins and in one instance worn gloves had been disposed of behind a water cooler.

On the first day we saw that in some areas, hard to reach places were not always as clean as they should be. Some areas such as offices, cupboards, a servery, fridges, bathrooms and medication room were cluttered and dusty. We discussed these issues with the manager who took prompt and immediate action to address these issues.

By the second day of our visit significant progress had been made to addressing these issues, we looked at the staff changing, dining, and activities equipment storage areas in the upstairs of the home and found that these need to be decluttered and deep cleaned. We discussed with the manager how these areas posed a risk of cross infection **(see Requirement 1)**.

We saw that where necessary new equipment had been ordered.

The systems and processes in place to deliver and provide assurance that the home was cleaned to an acceptable standard to minimise the risk of transmission of Covid-19 from exposure to the environment were not good enough. We discussed how Infection Prevention and Control audits could be improved to address some of the issues we identified during the first day of our visits.

When checking the storage of clinical waste in bins outside we found that these were not locked as they should be and the manager should make sure that they are locked to ensure peoples safety.

Overall, over the two visits we found the environment of the home was generally clean and the manager had been proactive in addressing the issues identified on the first day and was working hard to deal with the concerns identified on the second day. The provider and manager should give further consideration to enhancing the effectiveness of IPC checks and audits and doing so will to help minimise the potential spread of infection. We have made this a requirement **(see Requirement 1)**.

### **7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care.**

People who use care services should feel confident that staff arrangements are responsive to their changing needs, with staff having the right skills and knowledge to improve outcomes.

Staff told us about the training that they received in relation to infection control practice, including, putting on and taking off Personal Protective Equipment (PPE) and handwashing. We saw staff were using PPE correctly. Despite training, we identified a lack of attention to the environment in some areas and some shared equipment which resulted in avoidable risk to residents and staff.

Management of the service carried out spot checks on things like the correct use of PPE and handwashing and kept records of these. They also provided support for ongoing learning and development across the staff team.

Staff laundered their uniforms at home and were fully aware of how to do this safely as well as how to transport these to and from work. This lessened the risk of cross contamination for residents, staff and their families.

Staff told us that they did not have access to regular supervision. As a tool for supporting staff regular supervision helps the workforce to improve outcomes for people. This would help staff to stay up to date with best practice guidance and be able to support people better. Staff would also have protected time in which they could discuss any concerns or to share ideas.

Supervision of staff would also help the workforce to improve outcomes for people. For example, in relation to the cleanliness of the environment and shared equipment **(see Areas for improvement 1)**.

Staff spoken with were clear how to access to the latest guidance for working and caring for people safely through the pandemic, this guidance and impact on practice was discussed at daily handover meetings, notice boards, websites, as well as at team meetings. If staff had access to regular supervision this would also be an effective way of ensuring staff practised in way that kept themselves and other safe.

Staff told us they felt well supported and safe at work, they felt working through the pandemic had pulled them closer together as a team. They told us management of the home were accessible and supportive, however should they wish they were aware they could access independent support should they require it.

## Requirements

1. Due to the concerns identified with Infection, Prevention and Control you, the provider, must take the following action to be completed by 14 November 2021.

You must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In particular you must:

- a) Ensure that the premises, furnishings and equipment are clean, tidy, and well- maintained
- b) Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks that cover all areas of the home, are in place and effective to ensure that the environment is consistently safe and well maintained
- c) Ensure that clinical waste is disposed of and stored safely.

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

## Areas for improvement

1. To support staff, the manager should ensure that staff have access to regular supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'I use a service and organisation that are well led and managed'. (HSCS 4.23).

## 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 well do we support people's wellbeing?               | 4 - Good      |
| 1.1 People experience compassion, dignity and respect    | 5 - Very Good |
| 1.2 People get the most out of life                      | 5 - Very Good |
| 1.3 People's health benefits from their care and support | 4 - Good      |

|   |              |
|---|--------------|
| How good is our care and support during the COVID-19 pandemic?                                    | 3 - Adequate |
| 7.2 Infection control practices support a safe environment for people experiencing care and staff | 3 - Adequate |
| 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care        | 4 - Good     |



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