

St. Margaret's Home - Dundee Care Home Service

Victoria Road
Dundee
DD1 2NB

Telephone: 01382 223 865

Type of inspection:
Unannounced

Completed on:
6 October 2021

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 23 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.

What people told us

We spoke to three people who are supported by the service and although they were not able to tell us their views they appeared happy and well cared for.

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?	2 - Weak
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?

2 - Weak

People at this home were comfortable and relaxed with their staff members. We saw good interactions between people and staff, which were warm and friendly. People, their wishes and choices were respected by staff who knew them well. Staff were very able at engaging each person in a way that suited them. This engagement was evidenced in several interactions which showed that residents were clearly given respect and treated with compassion and dignity. This was observed both informally and through a formal observation over lunchtime.

Staff presented as motivated and person centred in their approach to the care and support of individuals and committed to providing high quality care.

There is clear evidence that residents were, prior to the pandemic, able to choose and participate in a wide

range of personalised activities. However, more recently this has not been happening. Members of staff that would co-ordinate activities had been moved to a care role to focus on more immediate clinical care needs. Although this is an essential part of the care home provision it has resulted in meaningful, purposeful and stimulating activities being minimised.

We would expect there to be a clearly identified, individual programme of activities compiled after consultation with each individual and their representatives and be part of their plan of care. This would then form part of an overall programme of activities based on these wishes and interests. We found that, at this time, this was not happening. For this reason, this area of provision is graded as 'weak'.

Due to this, we could not evidence if staff were skilled in delivering activities or if these activities reflected choice.

We could see that staff had referred to people's care plans in the past in relation to personal interests, for example, music and singing, but not recently. 'Social Interests and Hobbies' are a substantive item within each 6 monthly review but these have been difficult to implement. The care plans that we sampled, and 6 monthly reviews, showed that meaningful activity was discussed, e.g. 'Staff to encourageto participate in activities of her choice.'

We could see that this service had the tools and the motivation to provide this essential element of care, but we asked the service to review its staffing resources to ensure that a programme of activities could be provided. **(See Requirement 1)**

Within the personal files that we sampled, there was substantial evidence to show that Health Professionals are regularly attending to individuals' health needs within the home. This showed us that the service recognised its limitations and would not hesitate in calling in particular experts when needed.

We saw that these care plans also included a wide range of health assessments including eye tests, nutrition and fluid intake checks and Falls Assessments, etc. This was well supported in the records of when health professionals had visited within each file. This showed that health professionals continued to visit, as required, throughout the pandemic. We would expect any referral, to health input, to be followed up with a recording of the outcome of that referral. We saw clear evidence that when referrals were made the outcome of this referral was also recorded within the resident's personal file.

It was apparent from reading files and speaking to staff that they had a good knowledge of what professional was required in particular circumstances and they knew the process of making these referrals.

Within the sample of files we saw that there were Anticipatory Care Plans (ACPs) in place. This is necessary so that if health begins to deteriorate the person's wishes are taken into account. We saw that these were largely completed by external agencies such as the NHS. We could not see how the service would know who had this in place and who still required to have this conversation. However, it was later clarified that there was a list of ACPs that were completed and which were still required.

Requirements

1. To improve people's physical and mental wellbeing, the provider should review opportunities for people to engage in regular and meaningful activities. By 19 November 2021:

- People should have opportunities to participate in a range of activities that have a positive impact on their sense of wellbeing and belonging.
- People's personal/activities plan should detail what matters to them and ways in which their interests will be facilitated.
- Activities and people's engagement should be recorded and evaluated regularly to ensure their wishes and preferences are met.
- The service should build physical activity and movement in to the daily lives of those they support and improve people's access to outdoors in order to improve people's health and wellbeing and quality of life.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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)

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

3 - Adequate

In order to minimise risks, it is important to make sure there is a strict application of infection control procedures. Although there were areas of weakness within the house-keeping and cleanliness of the building we felt that these were just out-weighted by their strengths. For this reason this area of the inspection has been graded as 'adequate'.

House-keeping had good schedules in place but they did not always evidence that cleaning was done to the required frequency of 'twice daily'. Cleaning schedules could be more detailed in relation to the specific areas which required cleaning e.g. 'all surfaces disinfected', 'all areas dusted'. This meant some areas such as high-level surfaces, for example, door frames, pipes and internal window sills had been left dusty and were a potential transmitter of infection. (**See Requirement 1**). Equally, there were some displays of ornaments and trinkets within communal areas which may prove difficult to clean. We advised the service to remove, temporarily, any that could not be cleaned effectively.

Although the majority of posters and information sheets were either laminated or in poli-pockets, we saw some that remained uncovered and therefore could not be wiped down. We also found that the area behind the washing machines and dryers in the laundry was heavily soiled with collected dust and debris which had clearly amassed over a long period of time. We asked for this to be addressed urgently and this was done to an acceptable standard before we left the premises.

House-keeping also had a schedule of mattress checks and from our own sample of checks we found this to be effective. We did find one mattress which had a stain on the upper surface and although this was within an unoccupied bedroom we highlighted this to the manager for their attention.

We found that there were adequate supplies of personal protective equipment (PPE) within communal areas and in storage cupboards. However, we did notice that, at times, aprons were not always available in these areas or in the laundry environment. We asked the service to improve how this essential equipment is distributed throughout the building.

People should have confidence that staff members have the right skills and knowledge to support their needs during the pandemic. We found that staff did receive training in relation to Covid-19, IPC and the correct use of PPE.

Staff uniforms were laundered at the service and staff change into these when they arrive. Arrangements for Covid-19 testing were good, with staff being tested each week in line with current guidance. These measures helped to minimise the risk of infection spreading and assisted people to stay safe and well.

Staff undertook hand hygiene before and after providing care to people, before tasks such as serving meals and after touching frequently touched surfaces. This reduced the risk of infection spreading.

Most of the time we saw that staff were following guidance and wearing PPE appropriately. However, occasionally some staff were not wearing face masks correctly as they let the mask slip below their nose or lower. This increased the infection risk for people and for other staff.

Whilst there had been staff training for IPC and PPE use, we were unable to see evidence of any recent refresher training or update sessions. In addition, we thought that exercises to observe and check staff IPC and PPE practice should happen more often. This along with refresher training or other suitable input will help to ensure best practice and will help to minimise the risk of infection in the home. We have made this an **area for improvement**.

Supervision meetings for staff were not happening consistently. Supervisions assist staff to have the right guidance, communicate concerns and feel supported. The service management should consider how to provide supervision support. This will help people to be supported by staff who work as a team, are motivated and have good morale. We have made this an **area for improvement**.

Requirements

1. In order to ensure that people experience a safe, clean, and well maintained environment which minimises the risk of infection, the provider must address identified issues by 19 November 2021.

In particular, they must ensure:

- a) cleaning schedules are detailed so that it is clear what surfaces and items require regular cleaning and at what frequency.
- b) there is a regular system of monitoring the effectiveness of these schedules.
- c) schedules are reviewed, with house-keeping staff, to ensure understanding and effectiveness..
- d) quality assurance consultations should also feed into this monitor and review process of the service environment.

This is in order 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)

Areas for improvement

1. The service provider should ensure there is a robust system in place for making sure staff have the right knowledge and follow best practice for IPC and PPE in relation to Covid-19. There should be plans in place for refresher training, guidance sessions and regular observation and monitoring of staff practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state : '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. The service provider should ensure staff receive regular supervision to enable them to reflect on their practice and develop the knowledge and skills. This will assist them to provide support in ways that suit each person

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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)

and the Code of Practice for Employers of Social Service Workers which state you will: 'Provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice.' (3.5)

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

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).

This area for improvement was made on 10 September 2020.

Action taken since then

The manager had previously been in touch to inform the inspector that the delivery of the carpet was imminent. However, this had not happened by the time of inspection.

Previous area for improvement 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).

This area for improvement was made on 10 September 2020.

Action taken since then

Although sampled files showed us that Anticipatory Care Plans (ACPs) were in place these were all completed by external professionals, e.g. NHS. The manager was not available to confirm if an audit was in place to confirm that all residents had an ACP so this will be followed up in a subsequent inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	2 - Weak
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	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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