

St. Vigeans Care Home Service

Millgate Loan
Arbroath
DD11 1QG

Telephone: 01241 873 335

Type of inspection:
Unannounced

Completed on:
5 May 2022

Service provided by:
Priority Care Group Limited

Service provider number:
SP2003000048

Service no:
CS2003000388

About the service

St. Vigeans is a care home for adults with a learning disability. It is registered to provide support for 25 people.

The home is situated a short drive from the town centre of Arbroath, which has a range of shops, a train station and bus links. The home comprises of a large main house, with a smaller unit within the grounds, housing two people, living more independently.

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The service aims to respect residents' choice and individuality with a commitment to promoting the potential and independence of its residents. The service supports residents with a variety of activities based on individual needs and interests.

About the inspection

This was a full on-site inspection which took place on 03 May 2022 between the hours of 09:30 and 16:30. Further evidence was considered remotely on 04 May 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and three of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People using the service at St. Vigeans, and their relatives, were happy with the service provided.
- People had been supported to maintain contact with family and friends during the pandemic. The service was following government guidance, 'Open with Care'.
- Care plans and risk assessments needed to be developed and kept up to date for people using the service.
- Quality assurance processes required improvement to ensure that planned support was up to date and that key processes were carried out as per best practice and current legislation in Scotland.
- There were a range of activities available in house and some people also enjoyed getting out more now that restrictions had eased.
- Improvements to the environment were ongoing and the provider should plan for this in order of priority.

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?	3 - Adequate
How good is our leadership?	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?

3 - Adequate

During this inspection we looked at three quality indicators under this key question. These were:

1.3. People's health and wellbeing benefits from their care and support

We evaluated this quality indicator as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should benefit from regular healthcare assessments, access to community healthcare and treatment from competent trained practitioners, including prevention and early detection interventions. We saw that people had been supported to access appropriate advice and guidance from a range of professionals. This included the monitoring of conditions and the treatment of short-term conditions. This meant that people's health and wellbeing benefitted from their care and support. Family members we spoke to told us; 'the staff are very good - they take good care of my relative'.

Professionals we spoke to told us they had confidence in the staff and the support provided. Staff were described as proactive at seeking advice and further support where this was required for people.

People could 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. During our visit we saw people enjoying a range of activities supported by staff.

Some people living in the home had employment, both paid and voluntary which they told us they enjoyed and made them feel valued - 'I help out at the food bank'. People were also supported to go to college - 'I'm doing world studies at college - I enjoy this'.

There was a strong focus on promoting independence and the developing of or maintenance of daily living skills so people could have more control over their lives. People helped to clean their rooms and to attend to their laundry. One person told us 'I like my room tidy'.

People should benefit from access to a tasty, varied and well-balanced diet. They can choose from a variety of, meals, snacks and drinks which reflect their cultural and dietary needs and preferences, including fresh fruit and vegetables. We saw that there had been regular discussions with people about what they had enjoyed from the monthly menus. On the day of the inspection visit there was only one option prepared for lunch and we suggested options should be available with visual menus available where appropriate. This would help people to make choices and express preferences.

People have as much control as possible over their medication and benefit from a robust medication management system which adheres to good practice guidance. During our inspection we identified some discrepancies in medication administration records and in stock. There was no evidence of a regular audit of medication which would help to highlight where improvements could be made.

If people are unable to make their own decisions at any time, the views of those who know their wishes, such as their carer, independent advocate, formal or informal representative, should be sought and taken into account. The manager should ensure there is clear information and supporting documentation about any legal arrangements that are in place. For example, where someone has a welfare and/or financial guardian. This would ensure that the appropriate people are consulted and that people's rights are respected.

1.4. People experience meaningful contact that meets their outcomes, needs and wishes

We also evaluated this quality indicator as good.

People had regular contact with their families and friends where this was appropriate. Family members were happy with the information they had received around visiting and contact. They told us communication with the managers and staff was good and they felt fully involved and up to date with the ongoing support provided for their loved one. People told us; 'staff support my relative to speak with me on the phone - they keep me updated with what they have been doing'.

People could choose to have visits in the home or to go out with their family and friends. Families we spoke to described a range of methods available to maintain contact throughout the pandemic and more recently when restrictions had eased. Some relatives remained worried about visiting but they were aware of how they could be supported and confirmed they were happy with the information they had and the support they had received to stay in touch.

1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure

We evaluated this quality indicator as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

People should experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. The Provider had started a programme of refurbishment and redecoration. This had resulted in some bright, spacious bedrooms - some of which had a small kitchen area for storage of snacks and tea making facilities. Other bedrooms need upgrading to bring them up to the same standard and to help ensure they were fit for purpose and that they could be effectively cleaned.

Some storage rooms such as the domestic storage room and medication storage room and cupboards required new flooring and cupboards that can be cleaned effectively. We have made a requirement about planning and prioritising refurbishment taking account of outcomes from audits such as the fire safety audit conducted by Scottish Fire and Rescue Service (**see Requirement 1**).

People could be confident that staff had the necessary training, skills and competence to prevent the spread of infection and support them during an outbreak of an infectious disease. Staff told us about the training they had received and could confidently describe safe practice in relation to infection prevention and control. Managers carried out both informal and formal observations of practice of staff donning and doffing Personal Protective Equipment (PPE) and handwashing.

Staff carrying out housekeeping and cleaning, or supporting people to do their own, should adopt and implement the Care Home Infection Prevention and Control Manual (CH IPCM) to ensure relevant cleaning products and disinfection processes. Although the home was generally clean and tidy, cleaning schedules were basic in nature and did not reflect the good practice guidance provided in the manual and there was no risk assessment to provide a rationale for this. We discussed this with the management team who planned to review current schedules.

<https://www.nipcm.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/>

Requirements

1. In order to ensure the premises are fit to be used for the provision of a care home, by the 30 May 2022, the provider must develop an improvement plan, detailing the timescales to:

- modernise, repair and/or update outstanding bedrooms, communal areas and the medication storage room and cupboards to ensure the environment is fit for purpose and can be effectively cleaned.
- the plan must also take into account the outcome from the recent fire safety audit from Scottish Fire and Rescue Service.

The Provider should addressing the areas of most significant concern first.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that it well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22); and It is also necessary to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: 10 (1) - a provider must not use premises for the provision of a care service unless they are fit to be so used. (2) Premises are not fit for the provision of a care service unless they - (b) are of sound construction and kept in a good state of repair externally and internally; (d) are decorated and maintained to a standard appropriate for the care service.

How good is our leadership?

3 - Adequate

During this inspection we considered the Quality Indicator **2.2 Quality assurance and improvement is led well**.

Staff continually evaluated people's experiences to ensure that, as far as possible, adults living in the care home were provided with the right care and support to meet their outcomes. We saw monthly records of discussions with people about their care and support. Some records were more detailed than others which the manager agreed required further information to reflect that people had been involved. Formal reviews of support are required at least once every six months, we saw good records of discussion with people prior to their reviews however some records did not reflect that families/welfare guardians had been consulted or involved. This is an opportunity to gather feedback and to evidence more clearly that all relevant people are involved in evaluating and reviewing care and support.

Regular team meetings had been re-established. Minutes demonstrated these forums were used for staff to reflect on care and support and agree consistent approaches that would benefit the outcomes for individuals who use the service. Team meetings also provided opportunities for staff and managers to consider practice issues/service issues and quality assurance processes.

Observations of staff practice had been undertaken to help assess learning and competence in relation to infection prevention and control practices. We could not access up to date records of training for staff and the manager couldn't provide a full overview due to a new system which has been recently introduced. This is an area the manager was prioritising to ensure they had an accurate picture of what training had been completed and what was outstanding which would help inform training plans in the future.

We did not see a formal programme for auditing key areas such as medication, finance or care plans. The monthly health and safety report did not reflect an environmental audit was used on a regular basis to help identify where improvements are required. We would recommend a structured audit schedule be introduced to help evaluate performance as well as adherence to good practice and current legislation in Scotland. This is an area that all staff could be involved in and would demonstrate that people are supported to understand the standards that are expected and encourage others to be involved in evaluating the quality of the service provided (**see Area for Improvement 1**).

A fire safety audit had been completed by Scottish Fire and Rescue Services in January 2022 and had identified areas that required attention to ensure the home was compliant with current fire safety regulations and that the environment was safe for people. It was a concern to see that no action had been taken to address some of these. We discussed this with the manager and the manager took prompt action to address safety concerns. The fire safety audit and outcome report is a key process to ensure the environment is safe and prompt action should always be taken to address issues identified (**see Requirement 1 under Key Question 1**).

An overall service improvement plan should be developed to reflect areas of development and improvement identified through regular quality assurance activities. This would help the manager and staff prioritise actions and allocate roles and responsibilities to help bring about improvements.

Areas for improvement

1. The provider should develop and implement a robust and effective quality assurance system.

In order to do this, the provider must set baseline standards from which the performance of the service can be measured and develop auditing systems to check actual performance so that gaps can be identified and resolved.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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