

St Serfs Care Home Service

Kinbrae Park Gardens
Newport-on-Tay
DD6 8HD

Telephone: 01382 542 276

Type of inspection:
Unannounced

Completed on:
23 June 2022

Service provided by:
Acre Care Homes

Service provider number:
SP2010010981

Service no:
CS2010251669

About the service

St Serfs is a care home for older people situated in a residential area of Newport-on-Tay, close to transport links, shops and community services. The service is operated by Acre Care Homes. The service provides residential care for up to 24 people.

The service provides accommodation over two floors in single bedrooms (two doubles are available for people with established relationships) each with en-suite toilet and wash hand basin. There are two sitting rooms and a dining room. There is access to a garden.

About the inspection

This was a follow up inspection which took place on the 8 and 16 June 2022. The inspection was carried out by one inspector 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 six people using the service and two of their relatives
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People living in the home were satisfied with the support they received from staff.
- Care plans had been updated and now adequately reflected people's care and support needs.
- Improvements had been made to medication management.
- People were now being helped to access other health professionals support timeously. This included regular visits from the local GP.
- The interior environment and infection prevention and control measures had been improved.
- The provider had started liaising with planners and contractors to take forward upgrades to the laundry and bathing facilities. We extended the requirement regarding environment.

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
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	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

The purpose of this inspection was to follow up outstanding requirements made at previous inspections. We were satisfied that requirements (one, five and six from inspections in April 2022 and September 2019) regarding how people's wellbeing was supported had been met and have re-evaluated this key question to adequate (3).

How good is our leadership?

3 - Adequate

The purpose of this inspection was to follow up outstanding requirements made at previous inspections. We were satisfied that requirements (three, four and seven from inspection in April 2022 and September 2019) regarding leadership had been met and have re-evaluated this key question to Adequate (3).

How good is our staff team?

3 - Adequate

We found at this inspection that staff demonstrated understanding of people's support needs. Additional training opportunities had been provided and this had a positive impact on people's practice. In particular this included safe infection, prevention and control training.

As a result of this improved practice this key question has been re-evaluated to Adequate (3).

How good is our setting?

2 - Weak

The purpose of this inspection was to follow up outstanding requirements made at previous inspections. We have continued requirement two made at the April 2022 inspection. See outstanding requirements.

How well is our care and support planned?

3 - Adequate

The purpose of this inspection was to follow up outstanding requirements made at previous inspections. We were satisfied that requirement five from the April 2022 inspection care planning had been met and have re-evaluated this key question to Adequate (3).

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

Requirements

Requirement 1

By 12 May 2022, the provider must protect the health and wellbeing of those who use the service.

To do this the provider must, at a minimum

- a) ensure people are supported to access other health professionals promptly for consultation about any health concerns.
- b) ensure people experience safe, competent and effective support with medication. In particular, the provider must;
 - ensure people's medication is reviewed by relevant health professionals on a regular basis including but not limited to homely remedies
 - ensure suitable detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'
 - ensure that people are supported to take all prescribed medication, in particular topical applications.

This is to comply with Regulation 4 (1)(a) and 4(2) (Welfare of users) of The Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 13 April 2022.

Action taken on previous requirement

The service had updated the system of how to make appointments for people to see the GP for non urgent issues. They had consulted with the GP and agreed a regularly weekly consultation time for either the GP to attend the home or for a telephone consultation. Urgent appointments continued to be made as needed. Records showed that people were supported to access other health professional support. These steps meant that people's health needs were attended to timeously.

Medication management had been reviewed. Homely remedy protocols had been updated appropriately. These were up to date and agreed by the GP. Protocols for as required medication had been updated and provided good guidance for staff about when to administer as required medications. This meant that people could be supported well to manage their health and wellbeing.

The service changed the system for recording the administration of topical applications to a paper record. There had been a significant improvement in people receiving topical applications and this benefitted their skin health.

Met - within timescales

Requirement 2

By 12 May 2022, the provider must ensure that service users experience a safe, clean and well maintained environment. To do this the provider must, at a minimum:

- a) ensure that the premises, furnishings and equipment are clean, tidy and well-maintained. In particular; chairs, tables, floor coverings, fixtures and care equipment must be kept clean. Where equipment is shared it must be cleaned between each use and records kept;
- b) ensure effective arrangements are in place to prevent and control the spread of infection. In particular;

- ensure that all staff are trained and assessed as competent in core areas of infection prevention and control:
- monitor staff practice and address any issues immediately
- ensure clinical waste is managed safely
- ensure PPE stations are stocked ensuring adequate supplies and safe storage.

This is to comply with Regulation 4 (1)(a) and 4(d) of The Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 13 April 2022.

Action taken on previous requirement

We found in the main living areas of the home furnishings and equipment to be clean and maintained. Some chairs and side tables in the main lounge had been replaced. Maintenance of traditional wooden furniture and painting of communal areas where paint had been chipped making the surfaces difficult to clean was in progress.

Where shared equipment was used there were cleaning records. This meant that people could be confident that equipment was clean and safe to use.

Staff had received additional training in infection prevention and control. Our observations were that staff practice had improved, staff used PPE appropriately and the PPE stations were stocked safely.

The provider was continuing to progress the provision of a new upgraded laundry facility, however, interim measures were still required to be taken to ensure that the current facilities were fit for purpose. To progress this a new washing machine, floor covering and sink facilities were due to be installed. In order to give the provider time to progress these improvements we have extended the timescale of the requirement and will follow this up at the next inspection.

Not met

Requirement 3

By 16 June 2022, the provider must ensure people's health, safety, and well-being needs are met by ensuring that quality assurance for the service is responsive and carried out effectively to show good governance and leadership that contributes to high quality care.

To do this the provider must at a minimum:

- carry out audits for monitoring and checking the quality of the service which are accurate, kept up-to-date and ensure that analysis and follow-up leads to any necessary action to achieve improvements or change without unnecessary delay
- ensure the implementation of an improvement/development plan.

This is to comply with Regulation 4 (1)(a) and 4(d) (Welfare of users) and 9 (2)(b) (fitness of employees) of The Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 13 April 2022.

Action taken on previous requirement

The leadership team had carried out a range of audits across different aspects of care and support. This included the key areas highlighted as part of the last inspection – infection, prevention and control, care planning, medication management and health monitoring (including weight monitoring).

As a result of these audits an action plan had been developed which included timescales for the improvements needed. The majority of the actions had been addressed.

Met – within timescales

Requirement 4

By 16 June 2022, the provider must carry out a full internal and external assessment of the home and develop a time scaled action plan detailing what will be done to address at a minimum the following:

- a) all personal care equipment including baths, showers, specialist equipment are fully functioning and suitable for service users specific needs
- b) the laundry is fit for purpose, that there is adequate and suitable laundry equipment (washing machines, driers) in good working order
- c) the decoration of the home is to a good standard and reflects the preferences of service users
- d) the furniture, furnishings and floor coverings are in a safe state of repair.

This plan must be shared with the Care Inspectorate.

This is 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)

This requirement was made on 13 April 2022.

Action taken on previous requirement

A range of audits, action plans and a development plan were now in place. The provider had identified timescales for completion of the outstanding areas for improvement with priority being given to upgrades of the laundry and bathing facilities. This is important to help keep improvements on track and to monitor progress.

Met – within timescales

Requirement 5

By 12 May 2022, the provider must ensure service users' health, safety and social needs are being appropriately assessed, documented in a care plan, with details of how these needs will be met. This means putting the person at the centre, identifying what is important in their life.

This must include at a minimum:

- a) needs assessment with reference to the choices and preferences of service users
- b) ensure risks are identified and managed a part of the care planning process
- c) measuring the effectiveness of all required interventions through evaluation and review processes

This is in order to comply with regulations 4 (1)(a), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210

This requirement was made on 13 April 2022.

Action taken on previous requirement

The manager had reviewed all care plans since the last inspection. These now provided adequate detail about how to meet people's support needs. Health assessments had been reviewed and updated where necessary. Where a risk had been identified a corresponding care plan was now in place. This would enable staff to provide the correct support to people. The service should continue to develop the care plans in consultation with people they support and their relatives as appropriate.

Met - within timescales

Requirement 6

In order to ensure service users' nutritional wellbeing is monitored and maintained, the provider must ensure;

- staff carry out weekly weights for service users at risk of being nutritionally compromised and use the information to inform care and support.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "My care and support meets my needs and is right for me" (HSCS 1.19) and SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

This requirement was made on 30 September 2019.

Action taken on previous requirement

Regular weight monitoring was taking place and appropriate steps taken to ensure people's health was optimised.

Met - outwith timescales

Requirement 7

In order to ensure that people are protected and can experience a high quality environment, the provider must produce an action plan to demonstrate;

That a full internal assessment and audit of the interior of the home has been carried out; and an action plan developed detailing what will be done to address windows, décor and floor coverings. This should be shared with the Care Inspectorate.

This is to ensure care and support is consistent with Health and Social Care Standards 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) and SSI 2011/210 Regulation 10 (2)(d)

This requirement was made on 30 September 2019.

Action taken on previous requirement

A full action plan had been provided to the Care Inspectorate. The action plan had been renewed following the findings of the inspection in April 2022. See outstanding requirement 4 for further details.

Met - within timescales

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

To support people living in the home to experience meaningful days the service should ensure that there are adequate social and recreational activities available to meet peoples needs and interests.

This is to ensure care and support is consistent with the Health and Social Care Standard which states 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)

This area for improvement was made on 13 April 2022.

Action taken since then

This area for improvement will be followed up at the next 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate
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

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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