

St. Rognvalds House Care Home Service

off Old Scapa Road
Kirkwall
KW15 1BB

Telephone: 01856 872 106

Type of inspection:
Unannounced

Completed on:
30 September 2022

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2003009102

About the service

St. Rognvalds House is registered to provide care for up to 44 older people. The provider of the service is Orkney Islands Council (OIC). The care home is located in the town of Kirkwall and is situated in large landscaped garden areas.

The accommodation is split into two units: St. Magnus' providing care for physically frail residents and St. Mary's providing care for those with dementia. Each unit is based in wings which have single rooms, toilets, shower rooms and bathrooms. Twenty-eight bedrooms have en-suite facilities. There are also several sitting areas within the home, two dining areas, kitchens and laundry facilities and several offices for staff to use.

St. Rognvalds brochure states that; 'St. Rognvalds House aims to provide its residents with a secure, relaxed and homely environment in which their care, wellbeing and comfort is of prime importance'.

About the inspection

This was an unannounced inspection which took place between 14-22 September, between the hours of 11:00 and 02:45. 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 several people using the service and a number of their family;
- spoke with several staff and management;
- observed practice and daily life;
- reviewed documents.

Key messages

- People and their families were happy with the service they received.
- Staff felt they did not always have the time they needed to care and support people.
- Visiting was free from any restrictions.
- The environment of the care home was adequate.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

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

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People were consistently respected and offered support in a way which they preferred. Sometimes there was a wait for assistance, but staff did their best to make sure people were not waiting long. One person told us that "staff are brilliant, they can't be any nicer to you" and a relative told us that "the staff care for my Dad really well, and they understand him".

People were supported to keep well, which was supported by various health based assessments and support from health services, for example, community nurses. Staff knew people's needs well, and appropriately escalated any health concerns when someone was not well.

Those living in the home, kept in touch with their friends or relatives whenever they wished, because visiting was barrier free. Where people needed support, staff were on hand to help, enabling contact to continue in a way which the person and their family preferred. For instance, staff would assist anyone to answer phones, or place a video call and we saw examples of this during our visit. Community activities continued, and there were opportunities to go out, or for entertainment or services to come in to the care home. For example, Therapets were in to visit and the Reverend came in to carry out a religious service.

Guidance on the use of facemasks in social care settings had changed and the service had taken proactive steps to ask people what their preferences were. This information then formed part of the discussions with their legally appointed guardians, to confirm the preference.

The improvements we had asked the service to make from the previous inspection had been completed and we will report on these under previous requirements/areas for improvement section. We found the care home to be clean and tidy within general areas.

The quality and arrangements for food and drink coming from the kitchen needed to improve. The manager and catering staff needed to review arrangements to make sure people were receiving high quality meals and fresh foods at the right times (**See area for improvement 1**).

Areas for improvement

1. To support and improve the quality of food people are offered, the manager should:

- a) review food ordering and storage arrangements to incorporate fresh foods, including bakery, vegetables and fruit;
- b) review the times meals are arranged to ensure these are provided to people at a time that is appropriate for the individual.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The manager and their team had audited the service using the organisation's quality assurance tools. From this, they had identified strengths and areas for improvement. There was an improvement and development plan in place, which was adequate enough. This could be improved by adding some additional information and for detailing how the developments could improve the quality of experiences for people living in St. Rognvalds.

People's views about the service were considered during routine care reviews, and surveys which had been carried out with staff and family members. An external person held family meetings in the care home, and evidence from these meetings demonstrated they were focussed on outcomes and improvements.

Through discussions and reviewing the Care Inspectorate surveys completed by staff, we found there were some issues that staff felt strongly about. In particular, staff raised concerns about staffing levels, and the level of work involved in meeting everyone's care and support needs. We will discuss this further under key question 3.

Some staff told us they did not feel confident about raising concerns, feeling that they wouldn't be dealt with, nor would their confidentiality be respected. These concerns were discussed with the manager and provider, sharing an example of a concern raised by staff. The provider and service needs to make sure they have robust processes in place to manage and deal with concerns. **(See area for improvement 1).**

Areas for improvement

1.

To support and improve the culture of continuous improvement, the provider and manager should ensure they have effective and transparent quality assurance processes, which support and enable staff to raise concerns.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People's needs were being assessed on a regular basis, which indicated staffing levels should meet people's needs. However, through staff feedback and some observations during our inspection, it was apparent there were gaps in what these assessments told us. The assessments did not capture fully the level of 2-1 care which was required by a high number of people. There was also high numbers of people who needed support with eating and drinking. Staff told us this was more notable recently with the care home being full. We asked if staff agreed with the following 'I have enough time to care and support for people'? 50% of staff told us they strongly disagreed or disagreed with this.

Staff across the care home, from social care assistants through to senior social care workers all found their workload commitments difficult to manage. This meant senior staff didn't have the time to support on the floor as much as social care staff needed them too; and care staff on the floor often struggled to go beyond basic levels of care.

Through discussions with the manager and staff, we recognised they were trying hard to make this work. However, the manager, with support from the provider should review other inputs that would help determine if their staffing levels were right. For instance, as a minimum, this should include discussions with staff and people living in the care home, supported by observations to help determine the difficulties. **(See area for improvement 1).**

Areas for improvement

1.
To support and improve staff ability to meet people's overall needs the provider and manager should:

- a) establish ways to engage with staff and people who live in the care home, to help support effective and appropriate staffing levels;
- b) review roles and responsibilities of all staff, to assess if changes could be made to free up time to support people living in the care home in an improved way.

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

'My needs are met by the right number of people' (HSCS 3.15) and

'People have time to support and care for me and to speak with me' (HSCS 3.16).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

St. Rognvalds is due to be replaced by a new build which is due for completion around the end of 2024. The environment at St. Rognvalds was of an older style, which meant there were some challenges in how the environment supported meeting people's needs. For instance, not all rooms were en-suite; St Mary's layout was not the most dementia friendly; lighting was darker in places.

People did appear relaxed in their setting, but there were some improvements which could be made to help increase the environment's ability to meet people's needs.

There is an effective tool called the "Kings fund environmental assessment tool" that should be used to assess the care home environment against a set of criteria, which would identify ways to improve how dementia friendly the service was. For example, there was a door that double locked in a corridor, which would cause confusion; portable tray tables did not go low enough for some people living there. **(See area for improvement 1).**

Areas for improvement

1. To support and improve the quality of the environment, the provider and manager should:

- a) carry out a 'Kings Fund Environmental Assessment' of the care home as well as an environmental audit to identify areas for improvement;
- b) draw up an action plan from the audit with timescales for improvement, supported by the provider.

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

' The premises have been adapted, equipped and furnished to meet my needs and wishes'. (HSCS 5.16).

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

People were supported to meet and discuss their care and support regularly. Whilst most reviews were up to date, some were due and arrangements were in place to carry those out. Within support files, it was clear if someone was acting as a person's legally appointed guardian and they were involved within those reviews. We spoke to a family member who described how their family member's views were sought, even though they had reduced capacity. They felt this was important for their relative.

The family meetings, which were externally facilitated by the Reverend who visited the care home, very much captured the views of families and this fed back to the manager, who took action to consider the suggestions made. This was backed up with the surveys the manager had carried out. Families largely told us they felt they were involved and enabled to offer up their views and opinions.

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

Requirements

Requirement 1

By 22 April 2022, the provider must ensure they keep people safe and healthy by ensuring they have safe and appropriate infection, prevention, and control measures in place.

To do this the provider must, at a minimum ensure:

- a) they handle laundry in a way, ensuring it does not come into contact with items like clinical waste, or other dirty laundry;
- b) there are adequate numbers of safe personal protective equipment disposal points; and
- c) mattress audits are carried out routinely, which are recorded and appropriate actions are taken when these need replaced.

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

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 23 February 2022.

Action taken on previous requirement

The provider/manager had taken steps to address all the areas within this requirement.

- the flow and control of laundry had been reviewed and was safe.
- PPE stations and disposal points were in adequate provision, taking into account the updated guidance.
- mattress audits were being carried out and where necessary these had been replaced.

Met - within timescales

Requirement 2

By 22 April 2022, the provider must ensure that their contingency plan ensures that service users receive care that meets their health, safety and wellbeing needs, which enables them to exercise choice in their daily life.

To do this, the provider must, at a minimum, ensure:

- a) there is a sufficient number of staff on shift each day to prepare service users' food, clean the home,

launder clothing and support service users safely.

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

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

'My needs are met by the right number of people.' (HSCS 3.15).

This requirement was made on 23 February 2022.

Action taken on previous requirement

The provider/manager had reviewed arrangements following our inspection and had increased the staff numbers where possible during the outbreak.

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

The manager should develop individual "my visiting plans" in line with Scottish Government Guidance "Open with Care". These should be unique to each person and clearly state how opportunities for people to re-connect with friends, family and their local community will be promoted and enhanced. They should also include detailed information about how often and the best way to keep in touch with loved ones if people are restricted to their rooms.

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

'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This area for improvement was made on 23 February 2022.

Action taken since then

The manager had taken forth this area for improvement and visiting was unrestricted and free from barriers.

This area for improvement was met.

Previous area for improvement 2

People involved in reviews should have a clear understanding of the purpose of the review and be encouraged to contribute to the review.

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12)

This area for improvement was made on 23 February 2022.

Action taken since then

The manager had taken forward this area for improvement and the quality of reviews had improved.

This area for improvement was met.

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?	4 - Good
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	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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