

St Andrews House Care Home Care Home Service

1 James Foulis Court
St. Andrews
KY16 8SY

Telephone: 01334 479 593

Type of inspection:
Unannounced

Completed on:
11 January 2023

Service provided by:
Central Scotland Healthcare (St
Andrews) Ltd

Service provider number:
SP2004006167

Service no:
CS2004063136

About the service

St Andrews House is a purpose-built care home, situated in a pleasant residential area of St Andrews within close proximity of local amenities.

Accommodation is provided on two floors, with a designated activities room on the first floor. The upper floor provides accommodation to 30 older people; one bed is available on this floor for people attending for respite. The lower floor provides accommodation to 25 older people with physical frailty and five beds are available to younger people with physical disability. All rooms are single occupancy with en suite shower and toilet facilities. Residents are encouraged to personalise their rooms to their choosing. There are several dining areas and sitting rooms throughout the home to accommodate the choice and wide ranging needs of people using the service. There were 45 people living in St Andrews House at the time of our inspection.

About the inspection

This was an unannounced inspection which took place on 10 January 2023. 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 three people using the service
- spoke with six staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service had updated all care plans within the timescales required.
- Some aspects of care planning required further development.
- Risk assessments were not sufficient to fully guide care.
- Quality assurance processes were being completed and beginning to effect positive change.
- Handover processes were improved and the team felt that information was more clearly shared.

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 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?

2 - Weak

This was a follow up inspection to look at progress made towards meeting requirements and areas for improvement made at an inspection concluded on 20 September 2022.

Care plans and risk assessments required further development in order to be fully effective. A requirement was made at the previous inspection. **(Please see 'What the service has done to meet any requirements made at or since the last inspection.')** This requirement is not met. We have restated this requirement with a new timescale of 13 March 2023. **(See requirement 1).**

Restraint and restrictive practice should only be used as a last resort and must always comply with the current legislative framework. A requirement was made at the previous inspection. **(Please see 'What the service has done to meet any requirements made at or since the last inspection.')** This requirement is not met. We have restated this requirement with a new timescale of 13 March 2023. **(See requirement 2.)**

Staff should have accurate and up to date information with which to guide care. An area for improvement was made at the last inspection. This area for improvement is met. **(Please see 'What the service has done to meet any areas for improvement made at or since the last inspection'.)**

The service should promote how the Health and Social Care Standards are upheld throughout every aspect of care. An area for improvement was made at the last inspection. This area for improvement is met. **(Please see 'What the service has done to meet any areas for improvement made at or since the last inspection'.)**

Requirements

1. By 31 December 2022, the provider must ensure people are supported to keep safe and well and their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

a) care and support plans accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks

b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals

c) care and support plans accurately reflect the assessed current health and care needs of service users, with particular attention being given to stress and distress, nutrition/weight loss, falls management, skin integrity and pain assessment and management

d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed

e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 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 Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care 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); and

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

An extension to this timescale has been agreed to 13 March 2023.

2. By 31 December 2022 the provider must protect the health, wellbeing and dignity of people using the service. To do this the provider must, at a minimum, ensure:

- a) that restraint and restrictive practice is used only as a last resort
- b) that all restraint practice meets legislative requirements and
- c) complies with Mental Welfare Commission Guidance.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4 (1)(c), (welfare of users) and 9, (2)(b)(fitness of employees) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

An extension to this timescale has been agreed to 13 March 2023.

How good is our leadership?

3 - Adequate

This was a follow up inspection to look at progress made towards meeting requirements and areas for improvement made at an inspection concluded on 20 September 2022.

Quality assurance processes within the service had improved. A number of informal processes had been formalised allowing a clear audit trail. A requirement was made at the previous inspection. This requirement is met. **(Please see 'What the service has done to meet any requirements made at or since the last inspection.')**

The service would benefit from considering the deployment and skill mix of staff on each shift. New staff should be supervised until fully competent. The leaders working on each shift should consider their role in supporting and supervising new and inexperienced staff. A requirement is made. **(See requirement 1.)**

Requirements

1. By 13 March 2023, the provider must ensure that the number and skills mix of staff in the home are adequate to meet the health, welfare and safety needs of people receiving care at all times. This must include but is not limited to:

- a) a regular assessment of the needs of people receiving care which takes into account the support people receiving care require to live purposeful and meaningful lives
- b) demonstrating how the findings of the needs assessment are used to inform staffing numbers and the skills mix of staff throughout the home at all times
- c) ensuring that new staff members are fully supported and supervised until they can be deemed competent.
- d) ensuring that leaders are aware and responsive to the skill mix of staff on each shift.

This is in order to comply with Regulation 4(1)(a), and Regulation 15(a) 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 Health and Social Care Standards (HSCS) which state that:

'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).

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

Requirements

Requirement 1

By 31 December 2022, the provider must ensure people are supported to keep safe and well and their health and wellbeing needs are fully considered. To do this the provider must, at a minimum, ensure:

- a) care and support plans accurately reflect any identified risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans accurately reflect the assessed current health and care needs of service users, with particular attention being given to stress and distress, nutrition/weight loss, falls management, skin integrity and pain assessment and management

- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 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 Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as a care 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); and

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

This requirement was made on 7 October 2022.

Action taken on previous requirement

The service had reviewed and updated all care plans. The new care plan template was clear and the content of the care plans was more outcome focused. Some plans had a good level of detail but the level of detail was inconsistent. Not all care plans fully reflected the information which staff held. This meant that staff were not always working with the most up to date information to guide care.

Risk assessments required further development. There was a lack of clarity around the type of risk, who was at risk and what they were at risk from. Proactive and reactive strategies to mitigate against risk were not always in place.

Care plan review and evaluation would benefit from focusing on outcomes for people receiving care. This would more clearly outline the successes of care and identify when care required to be changed.

The service had increased audit and overview of the care plans. Systems were in place to check on content and work towards achieving more consistency across the care plan.

This requirement will be reinstated with an extended timescale of 13 March 2023.

Not met

Requirement 2

By 31 December 2022 the provider must protect the health, wellbeing and dignity of people using the service. To do this the provider must, at a minimum, ensure:

- a) that restraint and restrictive practice is used only as a last resort
- b) that all restraint practice meets legislative requirements and
- c) complies with Mental Welfare Commission Guidance.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4 (1)(c), (welfare of users) and 9, (2)(b)(fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

This requirement was made on 7 October 2022.

Action taken on previous requirement

The service had made every effort to resolve the issues which they faced around restraint and restrictive practice. Some training had been undertaken and staff were aware of the concept of least restrictive practice. The situation required further input from external agencies in order to be fully concluded. We will continue to support the service in their attempts to resolve this situation.

This requirement will be reinstated with an extended timescale of 13 March 2023.

Not met

Requirement 3

By 31 December 2022, the provider must ensure that there are robust quality assurance systems in place to ensure that the health, safety and wellbeing needs of service users are met and they experience positive outcomes.

This must include, but is not limited to:

- a) ensuring appropriate and effective leadership of the service at all times
- b) implementing accurate and up-to-date audits for monitoring and checking the quality of service are in place and ensuring that any areas for improvement identified as a result of an audit are addressed without unnecessary delay
- c) ensuring a continuous improvement plan evidences that the care and support provided meets the assessed needs of service users and that they experience positive outcomes on an ongoing basis.

This is in order to comply with Regulation 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:

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

This requirement was made on 7 October 2022.

Action taken on previous requirement

The service was ensuring that there was appropriate leadership in the service at all times. An on-call system ensured that senior support was available throughout the week and weekend.

Audits were being formally carried out on aspects of the service such as mealtimes, the environment and care plans. By formalising these processes, and documenting results, the manager had a better oversight of the needs and performance of the home. Audits were starting to contribute to positive outcomes for people but further use of data collection could better help evidence change and improvement within the service.

The service were undertaking a daily flash meeting to bring together the whole team and discuss issues of concern. There was also a daily clinical meeting which gave oversight of people's health needs. This provided reassurance that changing needs would be addressed promptly.

A home improvement plan was in place, allowing the service to identify areas where change or improvement was required. The service were using this document to move forward with an action plan and will update it moving forward.

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

In order for staff to have up-to-date and accurate information with which to guide care, the service should consider the system of shift handover. The service should consider the need for staff to seek further information and clarity before they begin their shift. Staff should have a clear understanding of the shift expectations and a system of allocation and checking should be in place to monitor practice.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 7 October 2022.

Action taken since then

The service had changed their system of shift handover from tape recordings to a verbal handover. This allowed staff to receive comprehensive information to guide the care and support they provided. Where further information was required, staff were able to ask questions and received the required information. A written copy of the shift handover was also available providing a reference document as the shift progressed. The sharing and continuity of information had improved as a result.

This area for improvement is met.

Previous area for improvement 2

In order for people to get the most out of life and experience warm and nurturing care and support, the provider should focus on how the Health and Social Care Standards (HSCS) are relevant to every aspect the service delivered.

All staff should demonstrate the principles of the HSCS in their day to day practice. This could be done via existing training arrangements and demonstrated through staff supervision and quality assurance.

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 area for improvement was made on 7 October 2022.

Action taken since then

Staff were able to show knowledge of the Health and Social Care Standards and identify where these could be illustrated in their practice. Staff responsible for training and induction were clear about the importance of focusing on the Standards in order to promote a good standard of care throughout the home.

This area for improvement is met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
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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