St. Davids Care Home
Care Home Service

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Type of inspection:
Unannounced

Completed on:
2 February 2023

Service provided by:
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Service provider number:
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About the service

St. Davids Care Home is a privately owned care home in the Angus market town of Forfar, close to shops and local amenities. The service provides residential care for up to 22 older people.

The accommodation operates as separate households over two interlinked properties and provides accommodation over two floors. Residents have individual rooms and all but two have en-suite facilities. Public areas within the home include two lounge/dining areas, sun lounge and attractive garden area to the front and rear of the property.

About the inspection

This was an unannounced inspection which took place on 31 January and 1 February 2023. The inspection was carried out by three 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 10 people using the service and 7 of their representatives;
- spoke with 9 staff, management and the provider;
- observed practice and daily life;
- reviewed documents.

Key messages

- There was a high level of satisfaction among people using the service, and their representatives.

- There was a culture of inclusion and respect within the service.

- Improvements must be made in infection prevention and control.

- People were supported to have a meaningful life and celebrate achievements.

- There were strong community links and people regularly accessed local facilities.

- Quality assurance and improvement should continue to be developed in a more formal way.

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?	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? 3 - Adequate

We found that the service adequately supported people with their wellbeing. This was because although we identified a number of strengths that had a positive impact on people, the likelihood of achieving positive experiences and outcomes was reduced significantly because key areas of performance need to improve.

'Life is for living' is part of the ethos and what people can expect from life at St. Davids. A strong emphasis on supporting relationships and maintaining people's interests and independence was central to the culture in the service. The environment was barrier free, and people moved freely throughout the home and gardens. Some people used the stairs independently, this helped maintain their mobility and independence.

A wide range of daily activities helped people live well. People were supported to continue to make memories, celebrating and remembering events that were important to them. Community engagement continued to be built upon as part of the pandemic recovery plan and was central to care home life. People were encouraged to engage in household activity. We saw people making their bed and tending to their bedroom. We heard about people contributing to meal preparation and doing the hoovering because they chose to do so. For those with a cognitive decline the focus was on responding to their needs as they emerged without the need for routine or habit. This helped them live in the moment and enabled staff to be responsive to their needs as they arose.

Staff engaged with people at a time and pace that was right for them. They knew people well and helping them feel good about themselves was integral to their care and support. This showed respect and contributed positively to people's wellbeing.

There were no restrictions to visiting and for some technology helped keep them connected with those important to them. People we spoke with told us that they felt included in their relatives' care and support.

Relatives were informed of significant change in their loved one where appropriate. This helped give confidence in the service and promoted relationships based on trust and respect. For those who had appointed a legal representative because they were unable to make decisions for themselves, we were confident that staff consulted with them appropriately.

Health assessments informed plans of care and communicated people's needs to staff. We found that information in some of the plans could be further enhanced to be more informative. Staff were relying on their knowledge of the person to meet their needs. An electronic care planning system had recently been introduced. This helped staff identify significant changes in care issues that needed to be shared with the care team. We felt that this was not used as effectively as it could be and some information continued to be shared by word of mouth.

Staff were responsive to changes in people's wellbeing and worked in partnership with primary healthcare teams to help meet people's needs.

People enjoyed a good choice of home cooked meals. Staff, including ancillary staff, ate with residents. This helped create a feeling of inclusion and provided a good opportunity to support people and provide a positive social experience.

The home was divided into two separate households which were warm and homely. Systems and resources

were in place to prevent the spread of infection. Overall, the home was clean. Cleaning schedules were completed and described daily cleaning tasks as well as deep cleaning of rooms. We highlighted some areas of the home where fixtures and fittings were not intact and therefore could not be effectively cleaned. The provider and manager were aware of this and had plans to address it.

Personal protective equipment (PPE) was readily available and bins for disposal conveniently situated around the home. Staff had received training in infection prevention and control and were observed using PPE appropriately. We saw some staff were not 'bare below the elbow', and were wearing jewellery. Regular observations of practice would help to ensure standards were being maintained or to identify where reminders or further support was required such as hand hygiene.

Housekeeping staff were knowledgeable about cleaning products and confidently described their roles and responsibilities. We observed re-useable spray bottles being used. This is contrary to current advice as there is a risk of contamination. Further advice and guidance can be found here: https://www.nipcm.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/#a2900. The manager and provider agreed to consider this further. **(See area for improvement 1).**

We found that some mattress covers were dirty, and one mattress cover compromised resulting in staining to the mattress. This posed a risk of cross contamination as well as a risk to people's skin integrity, their rights, dignity and respect. Prompt action was taken to address this. **(See requirement 1)**.

Requirements

1. By 3 March 2023, the provider must ensure that people experience care in an environment that is safe, clean and minimises the risk of infection.

To do this the provider must at a minimum:
a) Ensure that mattresses are clean and in a good state of repair
b) Ensure that staff understand and adhere to correct infection prevention and control procedures and practices in line with the National Infection Prevention and Control Manual (NIPCM).
c) Implement a system for checking that equipment including mattresses are clean, cleanable and in a good state of repair and that action is taken where deficits are identified.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and 10 (2)(b) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state:
'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24)

Areas for improvement

1. To maintain a safe environment the provider should review their infection control practice against best practice standards.

This should include but is not limited to the use of spray bottles for liquid chemicals and staff hand washing.

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)
'My environment is secure and safe.' (HSCS 5.19)

How good is our leadership? 4 - Good

We felt the service was good at leading quality assurance and improvement. This was because we identified a number of important strengths that had a significant positive impact on people's experiences. However, improvements are required to ensure that people consistently have experiences and outcomes which are as positive as possible.

As part of the contingency during the recruitment and retention crisis that is facing the health and social care sector the management team at St Davids were supporting the direct care needs of people living in the service. This meant that people had continued to be supported by staff they know as opposed to temporary staff. However, this had been at the detriment of oversight and quality assurance. A reviewed management structure was being implemented to help address this with specific time dedicated to care planning and quality assurance. This was in its infancy.

Formal systems for monitoring the quality of the service were in place, however, some had lapsed due to the interim arrangements described above. We noted the impact of this in specific areas such as mattress audits and observations of staff practice in relation to handwashing and infection prevention and control as detailed in key question 1. The reviewed management structure had began to implement some new quality audits to help determine a baseline upon which an improvement plan could be developed. We found that many of the audits were about compliance and suggested that these be progressed to consider people's experiences as part of their ongoing development. **(See area for improvement 1).**

A service improvement plan identifying the key areas for improvement was in progress. It is important that this is completed to ensure that everyone is aware of and part of the improvement agenda. It was good to hear that there were ongoing environmental improvements in the plan that would help ensure more effective infection prevention and control measures. For example, repairing or replacing damaged fixtures and fittings that could not be cleaned effectively.

The electronic care planning system supported effective clinical monitoring. We found that the manager had good clinical oversight of people's health needs including weights and skin integrity. This helped ensure that where people's needs changed, plans could be put in place quickly to promote their wellbeing.

Communication among the team was good and there was a positive staff culture. People told us they felt supported and listened to. Formal systems were in place to support communication and staff development but these had lapsed as part of the contingency arrangements. We would suggest these be re-introduced

when recruitment and retention has stabilised along with formal systems for gaining feedback from residents and relatives as had been undertaken previously. This will help involve them in developments in the home and allow them to have their say in the improvement agenda.

Areas for improvement

1. To support effective quality assurance and improvement the provider should ensure that a process for evaluating performance and planning for improvement is undertaken.

This should include but is not limited to:
a) auditing and gaining feedback on key areas of the services performance;
b) action plans with timescales where deficits and/or areas for improvement have been identified;
c) a regular review of action plans to monitor and promote progress.

This is to ensure 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)

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	5 - Very 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	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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