

St. Columba's Care Home Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Priority Care Group Limited

Service provider number:
SP2003000048

Service no:
CS2011303629

About the service

St Columba's is a care home for older people situated in a residential area of Dundee, close to local transport links, shops and community services. The service provides nursing and residential care for up to 54 people.

Bedrooms are located on the top three floors. All the bedrooms are single occupancy with en-suite facilities and can be accessed via stairs or a lift. The ground floor has been converted into 'the street', comprising of a library, sweet shop, cinema, bar, hairdresser and tearoom. At the rear of the home there is a private enclosed garden area which can be enjoyed by residents and their visitors.

About the inspection

This was an unannounced inspection which took place from 27 September to 29 September 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 four people using the service and three of their family
- Spoke with five staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- People were treated kindly and with dignity.
- When people living in the care home requested assistance, they were supported promptly.
- Improvements were needed to the way in which medication was managed.
- Activities in the home could be made more meaningful to people by taking account of individual interests.
- Management oversight of key areas of the service needed to improve.
- People and families could be consulted more about service development plans.
- Care plans were comprehensive and written with respect.
- The service was in the process of introducing a new format to their care planning.

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?	4 - Good
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?

3 - Adequate

We evaluated this key question as adequate. There were key strengths in the service, but these just outweighed the weaknesses.

People were supported by a compassionate and kind staff team who knew them well. Care was provided with dignity and respect for the person. This was also reflected in the written documentation we sampled. Where restrictive measures such as sensor mats were used, these were risk assessed and appropriate consent for their use documented. Families we spoke to were positive about the way their relatives were treated in St Columba's Care Home. Compassionate care and support had a positive impact on people's experiences and outcomes.

People and their families were encouraged to provide feedback in various ways about aspects of the service. Some of this was used to make changes and to monitor these so the service could improve. An example of this was the daily feedback collected after meals that was used to monitor recent changes in the menu plan. This meant people could feel listened to and that their opinions about the food were valued.

Mealtimes were relaxed and people were offered the right level of support. People could choose where to have their meals and there were options available on a menu. People requiring support did not have to wait significantly longer for their meals. Mealtimes were well organised to help ensure people had adequate support and nutrition.

People could choose how they spent their time in St Columba's Care Home. There was a weekly activity plan, which was flexible to fit in with events and weather dependent activities. There were regular group activities, such as visits to the in-house cinema as well as day trips on the minibus. These were arranged on a rota basis to ensure everyone had opportunity to join in. Care staff planned and carried out activities with people as there was no dedicated activities co-ordinator in the service. It was positive that the care staff were involved in spending time with people although it was unclear how people's preferences and abilities were accounted for when planning activities to make them meaningful and inclusive. There was also little effective evaluation of the activities and people's engagement. The service should give more consideration to how activities can be planned, carried out and evaluated to take account of people's individual needs and further support their wellbeing (**see area for improvement 1**).

People's health needs were recorded and monitored in their care plans with recognised assessment tools in place such as falls risk assessments, pain assessments, malnutrition screening tools and pressure care assessments. Where these identified concerns with someone's health condition, action was taken, and external professional support was sought if needed. This ensured people had access to appropriate healthcare when they needed it.

Medication administration was generally carried out well although we discussed with the service how further consideration should be given to ensuring privacy and dignity are upheld, particularly around the application of topical medications such as creams. Examination of medication records identified some inconsistencies and errors, such as missing signatures and incorrect tablet counts. We did not see any recent audit or evaluation of staff practice around medication management which could have identified and rectified some of the issues we found. As such it was difficult to be assured that medication was always being managed safely and effectively (**see requirement 1**).

Requirements

1. By 20 November 2023, the provider must keep people safe from harm by managing the administration of medication safely.

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

- a) Put in place and effectively implement a system to provide assurance that people are having their prescribed medication administered in accordance with their individual needs.
- b) Ensure that monitoring arrangements identify any errors in administration or recording of a person's medication and appropriate actions are taken.
- c) Ensure staff competency in medication administration.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220).

This is to ensure that care and support is consistent with the 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); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. In order to improve people's physical and mental wellbeing, the provider should review the way in which activities are planned and organised. This should focus on people's interests, preferences and abilities to ensure activities are meaningful for everyone.

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

How good is our leadership?

3 - Adequate

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

There were many systems and audits in place to monitor aspects of service delivery. However, from the standard of cleanliness and repair that we found these did not seem to be particularly effective. Staff were clear about the process of recording areas for repair in the appropriate maintenance book but, within our visit, we saw these had not always been addressed.

We read a Service Development Plan for 2023-24 and were delighted to see, from minutes, that this was a point of discussion at a recent relatives' meeting. This was confirmed by the relatives we spoke to. We also saw that there was a refurbishment programme which included the recent development of a 'wet room.' However, we could not evidence extensive consultation with staff on what they felt were the areas for

improvement and by its contents this plan appeared to be largely a management tool. The goals, timescales and outcomes could have been clearer and more detailed in respect of how they would be measured and achieved. We have made this an area for improvement to ensure that it enables input from all stakeholders (**see area for improvement 1**).

We saw limited evidence of leaders using success as a catalyst to implement further improvements. Neither did we see staff being motivated by management to play a part in quality assurance processes and systems. Improvements within this service were the result of remedial actions rather than through robust quality assurance and self-evaluation.

We saw that the manager was diligent in recording incidents and accidents within the service's reporting procedure. We noted that the Care Inspectorate had not been notified of all relevant events. We discussed the legal requirement to report specific accidents and incidents to the Care Inspectorate with the manager of the service. There was monthly analysis of incidents so that patterns or triggers could be identified and actions taken to minimise the risk of recurrence.

We concluded that despite the large array of audits and processes, these were not particularly frequent or effective in relation to assuring the quality of, for example, equipment, medication, and care plans. It is important that audits are fit for purpose, and that they gather the required information upon which to react in relation to action planning. An overview of the audits and what they aim to assure, needs to be conducted and the process streamlined so that they are more effective. We have made this a requirement (**see requirement 1**).

Relatives we spoke to were generally very happy with the service and the care and support that was provided. Although there was a formal complaints procedure in place, families were not aware of it but told us if they had any concerns they could speak directly to the manager.

We found that staff felt anxious and defensive about making mistakes because they felt they would get into trouble. We also read supervision records which showed that most of these sessions were provided as a result of an error or investigation rather than being provided as an opportunity to develop staff. Staff told us that they did not feel supervisions were supportive. Whilst we saw emails were sent to staff in recognition of good practice, consideration should be given to how this information could be shared verbally to further support staff development.

Although we found, within management oversight, some improvements required, we found that there was sufficient capacity, skill and willingness within the staff team to support improvement activities effectively and to embed changes in practice. We felt that greater things could be achieved if the management and the staff team worked more cohesively together.

Requirements

1. By 20 November 2023, the provider must continue to support good outcomes through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes.

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

- a) Assess key areas of the service's performance through effective audit.
- b) Develop and implement action plans which reflect audit findings.

c) Submit relevant notifications to the Care Inspectorate in line with notification guidance and to comply with legal responsibilities.

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) Regulation 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 use a service which is well led and managed' (HSCS 4.23).

Areas for improvement

1. The service should ensure that staff, people and families have an opportunity to contribute to a service development plan, on an on-going basis, through meaningful consultation.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6); and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

How good is our staff team?

4 - Good

The evaluation for this key question is good. There were several strengths that impacted positively on outcomes for people and outweighed the areas for improvement.

Staff were available to support people throughout the inspection, buzzers were responded to in good time. Although staff were allocated to a floor for their shift, we observed that they would move between floors to ensure enough support was available during periods of higher need. Families and visiting professionals that we spoke to told us they could always find a staff member to speak to when they needed to.

Staff rotas were made in advance, to ensure the amount of care hours, determined by a dependency tool, was provided. There had been a recent change to staff shifts to introduce additional cover during key hours which was over the minimum number of hours identified by the dependency tool. We saw from rotas however, that this shift was inconsistently covered. The dependency tool was frequently reviewed and updated and took account of people's changing needs. This meant that staffing levels could be determined in line with people's needs.

The rota reflected the fact that someone was on induction, and they were not counted in the regular staff numbers until their induction period was completed. This supported the team in having the right level of skill and experience on shift. Staff had recently been given the opportunity to feedback to the service on their shift patterns and staffing in a recent online survey and the management team were developing an action plan in response to this feedback.

There was good team support, however supervisions and appraisals from management were inconsistent and could be used more effectively to ensure positive staff development. There was a sense that

supervisions were used in response to staff errors as a punitive measure rather than to encourage staff development.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. There were some strengths that had a positive impact on people but the likelihood of continuing to achieve positive experiences and outcomes for people was reduced by key areas of weakness.

The design and layout of the building was logical and meant that the three floors could be treated as separate entities, while also sharing resources, including staffing, when required. We could not see that the layout of the building had any negative impact on the quality of life for the people who lived there.

We saw that the setting offered sufficient space for different options where people could spend time. This was particularly the case within the ground floor which contained a 'memory lane', library and cinema room. People and their families told us they had used the cinema. Opportunities for privacy were limited to private bedrooms and a room on each floor that families could use. The extensive use of CCTV which covered most communal areas, including corridors had the potential to intrude into the privacy and freedom of people living in the service. The service had a policy on display and a prominent poster at the main door, but we felt this could be extended so that people were fully aware of the extent of the cameras within the home.

We found that living space was functional and staff had done what they could to make it warm and homely. Overall, the environment met people's needs and preferences. However, although most areas were clean, we found that some furniture, safety equipment, and moving and handling equipment was unclean or damaged and not fit for purpose. Where possible the manager took immediate action to remove and replace these particular items, but we were disappointed that the service hadn't identified them prior to our visit. This supported our findings under Key Question 2, 'How good is our leadership?', for which we have made a requirement.

Furthermore, people were not protected from the spread of infection because cleaning schedules and regimes were not based on good practice guidance or carried out at an effective frequency. This may be because there were not enough domestic staff, or because staff had not had the necessary support to devise an effective cleaning schedule. We found that the schedule we evidenced was comprehensive but had the ability to be completed without specific detail. This required management oversight to ensure that cleaning and infection prevention and control concerns met the necessary standards.

Staff were clear about their responsibilities to report any issues with environmental cleanliness or maintenance to the person in charge and we saw examples of this through the service's reporting procedures. This was done through a maintenance book or through daily hand-over documents. However, from the extent of items needing replaced or repaired this was not an effective system.

High quality facilities are based upon good communication between front-line care staff identifying necessary remedial actions and those that can authorise or action it. Although systems were in place to do this, actions were not always effectively addressed once identified.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good. There were a number of strengths having a positive impact on people's experiences but there were some areas needing improvement to ensure people continued to experience outcomes which are as positive as possible.

Everyone had a comprehensive care plan in place and there was a shortened 'quick reference' plan in people's rooms that outlined basic care requirements so that new staff or agency could quickly access the information they needed to provide care.

The plans were generally professionally written and documented people's abilities and the level of support they needed to remain as independent as possible. They were mostly written with warmth and respect for the people they represented but it was difficult to ascertain a sense of the person reflected in the care plan. The life story sections were mainly empty. Completion of these would have further supported person centred care and meaningful engagement. Advanced care plans were in place to ensure people's future wishes were known. Relevant legal documentation and details of next of kin were accessible so that the service knew who to contact or who held legal decision-making powers if necessary.

In the sample we looked at, risk assessments and care plans were mostly updated in response to incidents such as falls. This is important to ensure care is reflective of people's current needs and risk levels. Specific care plans were being reviewed and updated mostly on a monthly basis to ensure appropriate care needs were documented although at times the paperwork for this was cumbersome and difficult to navigate.

Formal reviews of care plans should be carried out at least once in every six-month period and people or their representatives should be involved in this process as far as possible. We saw evidence of this happening in most of the plans we sampled but documentation was not available to support this in all of the care plans we sampled. We did not see any means of this being tracked to ensure every plan was reviewed timeously. Regular audits of care plans were not being carried out to ensure their quality, but we recognise that the service was transitioning to using a new format for care planning. Auditing of the new format was due to commence. We look forward to seeing how this further supports care planning going forward.

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

Requirements

Requirement 1

By 02 October 2023, the provider must ensure that staffing is appropriate to meet the needs of people using the service.

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

- a) Ensure that the overarching assessment of staffing takes account of the physical layout of the building, staff training, and staff supervision needs.

- b) Ensure that, at all times, suitably qualified and competent persons are working in the care service in such numbers that are appropriate for the health, welfare, and safety of service users.
- c) Ensure an appropriate skill mix of staff which is not disrupted by annual leave and/or absence.
- d) Ensure the assessment takes account of the views and experiences of people experiencing care, and staff.

To be completed by: 02 October 2023.

This is in order to comply with 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 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 11 August 2023.

Action taken on previous requirement

A recognised dependency tool was in use and regularly reviewed. Staffing hours were often above the minimum identified by this. We saw that staff worked flexibly across the floors of the building depending on need and that an extra half shift had been introduced to increase care staff numbers at certain times.

We observed people being attended to promptly and staff were visible throughout the inspection. Families and other professionals told us they were always able to find a staff member when they needed to.

The service had collected feedback from staff and was in the process of collating this to form an action plan. People experiencing care had the opportunity to give feedback at residents' meetings, it was unclear how this was then used to inform changes in the service.

We concluded that the service had made enough improvements in this area to have met this requirement.

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 provider should ensure that the quality of meals and snacks is improved to support people's health, wellbeing, and quality of life.

In order to achieve this the provider should:

- a) Review the menu in consultation with people experiencing care, and their representatives.
- b) Ensure menu options are available and offered to people, in line with their preferences and choices.
- c) Improve the mealtime experience to promote positive outcomes for people.
- d) Ensure fluids are available, and accessible, to people at all times.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34).

This area for improvement was made on 11 August 2023.

Action taken since then

The menu was provided on a four week rotation basis with a variety of options available and people could request alternatives if they preferred. People's views were sought about the meal after every lunch and dinner time, and shared with the kitchen team to ensure the menus were monitored and people continued to receive foods they enjoyed.

We observed two mealtimes and found these to be relaxed, well-paced and well organised with the right level of support offered to people.

We saw people had access to drinks throughout the day and there was use of adapted cups for people who required them.

From our observations and speaking to people we were confident that this area for improvement had been 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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