

# Inspection report

## St. Anne's Cottage Care at Home Support Service

30 Lawside Road  
DUNDEE DD3 6BJ

**Inspected by:** Marion Ash  
**(Care Commission Officer)**

**Type of inspection:** Announced

**Inspection completed on:** 9 October 2008

**Service Number**

CS2004082087

**Service name**

St. Anne's Cottage Care at Home

**Service address**30 Lawside Road  
DUNDEE DD3 6BJ**Provider Number**

SP2003000091

**Provider Name**

Sisters Of Mercy of the Union of Great Britain

**Inspected By**Marion Ash  
Care Commission Officer**Inspection Type**

Announced

**Inspection Completed**

9 October 2008

**Period since last inspection**

7 Months

**Local Office Address**Central East Region  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

## **Introduction**

St. Anne's Cottage was registered as a 'care at home' support service with the Care Commission in December 2004. The service is provided by the Sisters of Mercy Union of Great Britain which continues to provide its older sisters with a home and meet any care needs, as part of their life-long commitment to a holy order. St Anne's Cottage is located in the grounds of St. Joseph's Convent of Mercy. The five sisters currently residing at the cottage have come from other Convents of Mercy within the United Kingdom.

The Cottage, on one level, comprises seven bedrooms, with shared use of a dining-room, lounge, chapel for daily mass and visitor's room, in addition to staff quarters, offices, new kitchen and bathroom facilities. All rooms have wash hand-basins, and sisters tend to use the large bathroom equipped with hoist and sling. The manager is gradually implementing a longer-term plan to upgrade the overall facilities to meet current expectations, although the Cottage had a very homely appearance and atmosphere.

The service is provided by a manager and a team of eleven staff, who share both care and domestic duties, other than the cook. It operates on a 24 hour basis, with a minimum of two staff on duty at all times, the manager being supernumerary, and both a waking and sleeping staff member available at night. Staff endeavour to meet the needs of individuals for personal care and support needs, including provision of all meals and arranging for services from other relevant agencies, but also assist in any way to provide for their social, intellectual and spiritual needs.

The Sisters of Mercy aim to "employ a holistic approach to the care given to the residents in our home. We wish to promote the physical, mental and emotional welfare of our residents, respecting the dignity of each person and ensuring privacy for all."

Based on the findings of this inspection the service has been awarded the following grades:  
Quality of Care and Support - 6 - Excellent  
Quality of Staffing - 5 - Very Good  
Quality of Management and Leadership - 5 - Very Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## **Basis of Report**

The service had submitted a completed Annual Return as requested by the Care Commission.

Annual Returns (ARs) are used to ensure that the Care Commission has up to date and accurate information about care services. The information provided will also be used in the Regulation Support Assessment (RSA) process to determine how services will be inspected.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to

determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required as a result. The inspection was based upon the relevant Inspection Focus Area (IFA) and associated National Care Standards - Care at Home, recommendations and requirements from previous inspections and complaints or other regulatory activity. This included a sample/grade of a service user quality statement from each Quality Theme and a sample/grade of IFA and a Quality Statement chosen by the CCO in each Theme. The IFA for 2008/09 for this category of service is Notifications.

The Care Home had also submitted a completed self assessment form prior to the inspection.

Ten Care Commission questionnaires were issued to friends, relatives or carers of people in receipt of the support service. All ten completed questionnaires were returned to the Care Commission prior to the inspection. Responses are reported within the body of the report.

This report was written following an announced inspection which took place between 10:30 - 16:00 on Wednesday 22nd October 2008. The inspection was carried out by Care Commission Officer Marion Ash.

During the inspection, evidence was gathered from a number of sources including:

A review of a range of policies, procedures, records and other documentation including the following:

Supporting evidence as indicated in the services' Self Assessment

Minutes of meetings

Support plans

Training records

Health & Safety records

Quality Assurance Questionnaires.

Discussions with a range of people including:

The Manager

Care Staff

Service Users

Examination of the environment

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire

safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Action taken on requirements since last Inspection**

There were no requirements made at the last inspection. There was one recommendation made at the last inspection;

1. The provider should further develop the child protection policy to include the detail of who would have the responsibility of the visiting children and the action staff would be expected to take in the event of any concerns and the local contact details.

National Care Standards - Care at Home - Standard 4 Management and Staffing.

This recommendation had been fully actioned and the service child protection policy had been updated to include the above detail.

### **Comments on Self Assessment**

The service had completed and submitted a detailed self assessment prior to the inspection. Staff of the service had also been given the opportunity to identify the strengths of the service provision to evidence how the service was meeting and often exceeding the Care Standards.

### **View of Service Users**

The service users at this service are Nuns and are referred to as 'the Sisters' throughout this report. The 'Sister's in receipt of the service were given the opportunity to express their views of the service through questionnaires issued by the Care Commission, questionnaires from the service, regular meetings and a suggestion box. The 'Sister's had responded extremely positively about the service provision. Their views and comments are included in the body of this report.

### **View of Carers**

Relatives and friends of service users were also given the opportunity to express their views of the service through questionnaires both from the Care Commission and the Service.

## Quality Theme 1: Quality of Care and Support

### Overall CCO Theme Grading: 6 - Excellent

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

#### Service Strengths

St. Anne's provides a care at home service for 5 older nuns 'Sister's' . Throughout the report the people receiving the support service will be referred to as 'the Sister's' at their request.

A range of evidence was sampled in relation to this statement and the performance of the service was found to be excellent

The level of participation for service users was outstanding with the 'sister's' being very much at the core of the service provision. Their involvement in assessing and improving the service was in accordance with best practice and evidenced in all personal documentation. The Sister's had determined the level of support they needed from staff and how and when that support would be delivered. The sister's regularly discussed the support they received and any changes they wished to implement. The manager also made personal contact with the sister's on a daily basis, speaking to them individually in private.

The service had issued a questionnaire which invited the sister's to give a judgement on ten aspects of the care and support they received. A further 11 questions were related to whether the service was meeting all their nutritional needs, 8 questions were related to the quality of the environment and 12 questions were designed to inform the manager on how well the staff and herself were performing in offering a quality service.

All five of the 'Sister's' had completed the questionnaire and all five agreed that the level of support offered was exceptional. These quality assurance questionnaires had also been distributed to relatives and friends of the Sister's, again the comments coming back to the service were extremely positive and expressed strongly the high level of satisfaction with the quality of the service provision. Comments made included " The home is very welcoming and homely. It is always spotlessly clean with a calm and caring atmosphere.

"Care is of the highest order."

" I couldn't fault the home, the staff are totally devoted to delivering the highest quality of care to the 'sister's'.

The manager also encouraged visiting professionals to give informal comments about their view of the service provision. One such professional was available to speak with the Care Commission Officer on the day of the inspection. She stated that she held the home in high regard and described the staff, management, and care given as being exemplary. She said she was always welcomed into the home and had been invited to sit in on service users meetings with the 'Sister's'. She said that the 'Sister's' take these meetings very seriously and are very professional about how the meetings are conducted. The 'Sister's ' were aware of the importance on the decision made at their meetings as these would influence the service delivery.

The support plan was completed by the staff but directed by the 'Sister' concerned. Documentation evidenced that the 'Sister's' discussed and agreed with staff the level of support that they required. The support plan was evaluated monthly again in discussion with the 'Sister' concerned.

The complaints procedure was clearly displayed on the notice board and all Sister's were aware of this but had said they had no reason to use this..

No complaints had been received by the service.

The 'Sister's' held their meetings 3 monthly to discuss the service provision, events, and special occasions. The meetings were fully recorded and well organised. The date and time of the meeting was displayed well in advance of the meeting to allow participants to write on the flyer any topic they wished to discuss as part of the agenda. Staff meetings always immediately followed the Sister's meeting 's and their agenda incorporated items for staff consideration identified by the Sisters at their meeting. This ensured that all staff were aware of the 'Sister's wishes in respect of their care and support.

The cook also met regularly with the Sister's to discuss the meal provision. Outcomes of the meetings were clearly documented and informed the production of a detailed nutrition file which is further detailed in quality statement 1.3

The lunchtime was observed and was seen to be a warm friendly and social occasion. The manager of the service also had lunch at the table with the service users there was a definite 'family atmosphere' around the table. The cook served the meals so that she could hear first hand if the meal was enjoyed or what needed changing. She monitored very closely what was coming back on the plates and kept a record of this. Any pattern identified in particular foods that were coming back was discussed with the 'Sister's' to decide whether they wanted this removed from the menu and try something new.

There was strong evidence that any issue requiring action had been addressed and documented in line with best practice.

A daily log book was kept for staff to document the support given to each Sister , and in which to report any significant events. The report was discussed at handover to share best practice with fellow member's of staff and to explore how best to deal with any particular situation.

Staff had been given the opportunity to self assess how they felt they were meeting each quality assessment and had commented in their evidence gathering book that they learnt a lot from other staff on how to deal with 'triggers' and put the information into practice when next presented with a particular behaviour or issue.

Advice and support was also sought from other health care professionals. Training sessions had been arranged through visiting professionals on how best to deal with particular behaviours.

### **Areas for Development**

Although it was evident that the manager of the service had addressed anything highlighted through questionnaires or meetings, this was done informally by ticking off the request as minutes. It was suggested to the manager that for the purpose of auditing improvements made ,a more formal system may be helpful. (See Recommendation1)

### **CCO Grading**

6 - Excellent

### **Number of Requirements**

0

## Number of Recommendations

1

### **Statement 3: We ensure that service user's health and wellbeing needs are met.**

#### **Service Strengths**

Individual care plans detailed agreed support needs and also documented each Sister's personal goals.

Staff had completed an exercise to record in a bound book their own evidence statements to demonstrate how they met the standards in each quality theme. Staff had made an entry stating they strive to assist the Sister's to achieve their goals. Comments made by the 'Sister's', families and friends and evaluation of the care and support evidenced that they had been successful in this. The 'Sister's' felt that they could not be cared for any better than they were at St. Anne's.

The 'Sister's' diary and daily log sheet demonstrated frequent referrals to other health care professionals, and that advice given had been acted upon to the benefit of the 'Sister' concerned. All advice given had been entered into care plans as appropriate for the information of all staff. Discussions with staff evidenced that they were well aware of the content of individual care plans and demonstrated their knowledge of the level of support each of the 'Sister's' required.

All staff were aware of the policies and procedures for the service and demonstrated how these were implemented on a daily basis to the benefit of the 'Sister's', ensuring continuity of high standards among the whole staff group.

Staff interactions with the 'Sister's' demonstrated a genuine commitment by the staff in doing their very best for the 'Sister's' to enable them to be all that they can be.

Being a religious home, holy days and feasts and birthdays are extremely important to the 'Sister's'. This was reflected in the enthusiasm and commitment of the 'Sister's' and staff in preparing and planning for important dates. The dedication of the staff of making significant holy day's extra special was first rate and appreciated by the 'Sister's' who enjoyed the excitement of it all. A calendar highlighting these days was displayed in the office for the information of staff. Documentation evidenced the involvement of the 'Sister's' and staff in planning how the 'Sister's' wished to celebrate these special day's. The whole staff group was involved in the planning, including the cook who consulted the 'Sister's' about what they would like to have on the menu for these special day's. A photo diary was available which recorded events being enjoyed. The diary contained photographs of superb floral displays which decorated the table and was colour co-ordinated to fit with the particular holy day that was being celebrated.

The cook had completed an extremely detailed and informative nutritional file to inform staff of the current nutritional needs of the 'Sister's'. The information recorded was extremely detailed for each of the 'Sister's' and was an excellent example of the level of discussion and interaction that was ongoing between the 'Sister's' and the staff.

The file gave information about any special dietary requirements either for health reasons or the food to be avoided on specific holy days in accordance with religious beliefs and also had taken into account their particular likes and dislikes. It detailed the way in which the meal was required to be presented such as cut up or liquidised and whether physical or verbal prompting was required. This detailed information also included where and when the individual 'Sister' liked to have their meal, and if any special crockery or cutlery was required.



As well as the above information the cook also kept a daily log from which she could monitor which foods were being enjoyed and which were being left on the plate. This information informed the discussion at the next meeting the cook had with the 'Sister's'. This file informed a model care plan which ensured that each of the 'Sister's' nutritional needs were more than met.

The service ensured that the 'Sister's' were able to continue to practice their religious beliefs and responsibilities on a daily basis. This was done in the same manner as they had done prior to receiving the support service. Support times were arranged to suit the 'Sister's' and was built around the periods in the day in which the Sister's spent in worship. This was an excellent example of how the service was tailored to suit the lifestyle of the 'Sister's' .

The training plan for staff was centred around meeting the needs of the Sister's for whom support was being provided. In addition to health and safety, first aid and food hygiene, training was also given to staff for Dementia and Diabetes and other training which would assist staff to meet the needs of the 'Sister's' requiring support.

A more detailed list of training undertaken by staff is recorded under statement 3.3.

Additional examples of evidence and outcomes for service users which supported this quality statement included:

A range of policies and procedures which provided the structure around which the health and wellbeing needs of the Sister's could be met. These included detailed risk assessments, infection control policy and procedures, and health and safety procedures. Most staff had been trained in infection control, first aid and basic food hygiene. The service's induction plan included an introduction to key health and safety issues for all staff, and the training plan for 2008-2009 included updated health and safety training for all staff.

In discussion, staff were confident in their understanding of their role and responsibility in safeguarding the privacy and dignity of the Sister's while meeting their healthcare needs. Robust systems were in place for the administration and storage of medication.

## **Areas for Development**

### **CCO Grading**

6 - Excellent

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Quality Theme 2: Quality of Environment**

**Overall CCO Theme Grading:**

## **Quality Theme 3: Quality of Staffing**

**Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

### **Service Strengths**

A relative had made the following comment in the Care Commission Questionnaire ' How Satisfied are you with your Care Service' : "training of the staff is obvious and a team spirit is most noticeable."

All applicants for vacancies advertised by the service, were discussed in meetings with the 'Sister's.' The manager stated that their wishes were respected and taken into account prior to any short listing for interview. Minutes of meetings evidenced that staffing had been discussed.

A newsletter was distributed to all 'Sister of Mercy Care Services' which advised the 'Sister's' of what was happening in their home and other 'Sister of Mercy Homes'. This included celebrations, training events, award ceremonies for presentation of certificates for training to staff and an introduction of new staff.

Personal development needs of the staff were discussed at individual supervision sessions with the manager of the service. Training highlighted was then included in the annual training plan and a record of all training undertaken was kept in staff files. Most of the staff working in the service had achieved a Scottish Vocational Qualification (SVQ) award with 4 staff having completed S.V.Q. level 3 and 1 member of staff currently working toward completing level 3, and 2 new members of staff commencing level 2 assessment. Two of the staff who currently hold SVQ level 3 are undertaking SVQ level 4 assessment.

All staff had been issued with and were aware of the Scottish Social Services Council codes of practice.

### **Areas for Development**

The service should continue to look at additional ways in which to involve the 'Sister's' and their friends and relatives in assessing and improving the quality of staffing. Some of the surveys completed were a new initiative for which the outcome for the Sister's was not yet measurable.

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.**

### **Service Strengths**

There was very strong evidence to support the excellent values of the staff in ensuring that all Sister's in their care were treated with respect.

Within the Aims and Objectives of the service there is a statement which read " Staff are employed and trained to be competent, gentle and caring, ensuring at all times the well-being and happiness of our Sister's while adhering to the principles of care namely Privacy, Dignity, Independence and Safety, choice and Fulfilment. The effectiveness of this training and ethos of respect was evident in the Care Commission's observations of staff interaction with the 'Sister's'

Staff had recorded in their evidence book that all staff treated the Sister's with respect and maintained their dignity in all situations. Staff were also aware that this was part of their philosophy of care. Staff had received training in excellence in customer care with the emphasis on respect.

Staff were observed by the inspecting officer, to be professional and respectful in their manner towards the 'Sister's' in their care.

Discussions with staff evidenced that they were respectful and supportive of each other. Staff respected the skills and knowledge that each member of staff brought to the team as a whole, for the benefit of the 'Sister's' in their care.

A visiting professional also made comment of how respectful the staff were to the 'Sister's' and to herself during each visit she had made to the home.

The manager stated that she had reinforced to the staff at meetings that their reputation 'begins at the door' and that is why training in customer care had been given priority within the service. The ethos of respect was evident while carrying out daily routines and the 'Sister's' had all indicated in the completed survey that staff were attentive and courteous at all times.

Discussions with staff evidenced that they valued their positions within the service and the responsibilities that came with the role. Staff felt privileged to be given the opportunity to work with the 'Sister's' and help support them at this stage in their lives.

### **Areas for Development**

#### **CCO Grading**

6 - Excellent

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

## **Quality Theme 4: Quality of Management and Leadership**

**Overall CCO Theme Grading: 5 - Very Good**

**Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.**

### **Service Strengths**

Quality assurance questionnaires and minutes of meetings and the suggestions/comments box, gave the opportunity for respondents to express their views of the management, and staffing and leadership of the service. All participants had responded extremely positively demonstrating a high level of satisfaction.

Comments made about the management included ; " The manager always makes herself available to listen to any problems we have, she is very supportive of the staff group and encourages each member of staff to realise their own potential"

A relative had commented " I have every confidence in the home's ability to provide and to continue to provide high standards of care to my sister."

" I am kept fully informed of what is happening with the care of my sister. "

"The staff are extremely dedicated to their role and the 'Sister's' in their care. It is very obvious when you walk into the service that the 'Sister's are valued as are the staff."

" The 'Sister's have worked so hard in the past, helping and caring for others so they have a very devoted and caring staff looking after them now."

The manager stated that she made daily contact with the 'Sisters' and staff, to ensure that all was going well with everyone and that if there were any problems they could be dealt with promptly. This was confirmed in discussion with staff and 'Sister's'.

In discussion, staff demonstrated a great deal of respect for the way the home was managed and the encouragement offered o them by the manager.

### **Areas for Development**

### **CCO Grading**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

**Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

### **Service Strengths**

Quality assurance questionnaires and minutes of meetings and the suggestions/comments

box, evidenced that the 'Sister's' , Care staff, relatives and friends and visiting professionals had all been given the opportunity to express their opinion of the quality of the service provision. Visiting professionals also expressed how welcome they were made at the service and how eager the staff were to take on board guidance and information given to help them support Sister's with particular needs.

The manager had given staff a bound exercise book in which to record their own views on how they could evidence the quality statements were being met. Entries evidenced that staff were confident that they were delivering an excellent quality of care and support and backed this up by citing examples of good practice and directing the inspecting officer to records to evidence this.

The staff group was very stable, with most of the core team having been in place for several years. Regular staff meetings were held, and minutes of these indicated the professional and active involvement of staff in discussion of a range of quality issues.

The service has a structured induction programme in place. Discussion with a recently recruited staff member indicated that the induction process had been carried out thoroughly, with the new member of staff being clear and confident about her responsibilities in key areas.

The service had an ongoing programme of training and staff development which focused on developing skills to enable staff to meet the needs of the Sister's in their care, and helped staff to meet SSSC registration requirements.

Regular team meetings and staff supervision enabled staff to analyse and develop their practice. Minutes of meetings showed that the staff team were actively encouraged to contribute their views, and to take responsibility for developing aspects of the service. During the inspection, staff presented as being professional, knowledgeable and motivated.

The manager of the service positively encouraged the Sisters, family and friends, staff and visiting professionals to give their views, and welcomed comments as a means of enhancing the Sister's experience within the service. Comments and views received also enabled the staff team to reflect on its practice, and to inform the strategic development of the service.

The specific focus area for this inspection was Notifications to the Care Commission and Scottish Social Services Council (SSSC).

The manager was aware of her responsibility to report any instances of staff dismissal on the grounds of misconduct, or situations when an employee may have been dismissed on the grounds of misconduct but left before this action was taken, to the SSSC. She was also aware that she must provide the SSSC with information about employees as required. She was also aware that she had a responsibility to notify the Care Commission of matters of misconduct, including theft.

### **Areas for Development**

### **CCO Grading**

6 - Excellent

### **Number of Requirements**

0

**Number of Recommendations**

0



**Regulations / Principles**

**National Care Standards**

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

## **Requirements**

### **Recommendations**

1. The service provider should develop and implement a system for recording issues that need to be addressed and when this had been achieved and by whom.

National Care Standards - Support Services Care at Home. Standard 4.5 Management and Staffing.

**Marion Ash**  
**Care Commission Officer**