

# St. Columba's Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 October 2022

**Service provided by:**  
Priority Care Group Limited

**Service provider number:**  
SP2003000048

**Service no:**  
CS2011303629

## About the service

St. Columba's Care Home is situated in the west area of Dundee city, close to the city centre and Lochee. The service is registered to provide a care service for up to 54 residents, and is provided by the Priority Care Group.

St Columba's provides long-term care for older adults, and respite or short-term breaks. 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 tea room. At the rear of the home there is a private enclosed garden area which can be enjoyed by residents and their visitors.

St Columba's stated aim is "To enable our clients to live as freely and independently as possible at all times, by providing the care and support they need."

## About the inspection

This was an unannounced inspection which took place between 12 and 20 September 2022. 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.

To inform our evaluation we:

- spoke informally with 6 people living in the service and 8 relatives
- spoke with 6 members of staff and management
- observed practice and daily life, and
- reviewed documents.

## Key messages

- We observed kind and compassionate care and a good staff team.
- Residents and relatives we spoke with told us they were happy with the care and support provided.
- Communication within the service, with people, their families and with other agencies was very good.
- People had been supported to maintain good contact with family and friends during the pandemic.
- In order to protect people from the risk of infection, improvements need to be made to Infection prevention and control practices and corresponding quality assurance processes need to be improved.

## 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 evaluated how well the service supported the wellbeing of people experiencing care and support. We found that whilst there were many strengths that had a positive impact, there were key areas that needed to improve. We therefore concluded that the overall performance of the service in this area was adequate.

We observed many kind, compassionate and caring interactions between staff and people living at St. Columba's. People told us that they were happy with the care they received and overall people had a good experience. This was compounded by relatives we spoke with who were very positive about the service their loved ones received. Staff we spoke with were enthusiastic and committed to providing a good standard of care. It was clear that staff knew the residents well, were knowledgeable about their needs and wishes and understood the importance of providing person centred support. We found that people were treated with dignity and respect.

As is good practice, care plans were monitored on a monthly basis and evidenced input from family members. We also saw evidence of input from a range of professionals. This showed that people's health needs were being monitored and appropriate action was taken when required. We found variations in the level and quality of information that risk assessments and care plans contained. Whilst care plans documented people's likes and dislikes, people's preferences can change and these had not been updated for some time. We discussed with the service how care plans could be improved to better reflect a person's needs and the outcomes they wish to achieve.

We carried out a review of medication practices and procedures and found that practice was in line with guidance. PRN (as required) and covert medications were well recorded and MARS sheets had an up to date photo of the resident on the front.

People should experience meaningful contact that meets their outcomes, needs and wishes and have the opportunity to participate in meaningful activities. There was a range of activities on offer and this was supported by an activities board on each floor showing what was happening that day. Where residents chose not to join in group activities, staff made a point of spending one to one time with them. There was a choice of food at meal times and if someone did not like what was on the menu, they were provided with an alternative. Weekly menus, food preferences and dietary requirements were discussed with residents, this meant that people's choices were respected. Relatives told us that communication from staff was very good and this had been a huge benefit during the height of the pandemic. The service was fully compliant with Open with Care, residents were supported to maintain contact with their loved ones and this benefitted people's physical and mental wellbeing. Relatives told us that they were always made to feel welcome and that staff were kind and friendly.

Work was ongoing to improve and freshen up the environment. Bedrooms were comfortable and personalised, which helped to give people a sense of belonging whilst signage helped orientate people to their bedrooms, lounges and dining areas. The corridors were wide, which enabled people to mobilise safely, thus helping to support their mobility and independence.

In order to minimise risk and support a safe environment, it is important to apply strict infection prevention and control (IPC) procedures. We saw that staff wore personal protective equipment (PPE) correctly. There were plentiful supplies of PPE and cleaning materials, and clinical waste bins were located around the home. However, we were concerned about the cleanliness of communal bathrooms and items of equipment which were found to be dirty and in a poor state of repair. As a result, these could not be cleaned to an adequate standard and therefore increased the risk of contamination.

Although there were cleaning schedules in place, these were not always being completed and corresponding quality assurance processes were not being used effectively to identify and address IPC concerns. We discussed with the service the need to replace items of equipment and improve the overall standards of cleanliness. On subsequent days the home was generally cleaner but further improvements were required in order to protect and maximise people's safety. We discussed our findings with the management team who acknowledged that further work was needed to reduce the risk of harm to people and ensure that quality assurance processes informed favourable change (**requirement 1**).

Whilst we found significant strengths in many aspects of the service's performance and ways in which people were supported to achieve positive outcomes, the overall grade reflects our concerns about the service's practice and processes regarding infection, prevention and control.

## Requirements

1. By 7 November 2022, the service provider must ensure that service users experience care in an environment that is safe, minimises the risk of infection and follows infection protection procedures. In order to do this the provider must, at a minimum, ensure that:

- a) a detailed Infection Prevention and Control audit is undertaken, including a daily walk round that addresses any practice concerns promptly
- b) all areas of the home are: visibly clean, equipment is well maintained, in a good state of repair and is routinely cleaned in accordance with the specified cleaning schedules
- c) ensure all bins are pedal operated, have liners and all clinical waste is disposed of appropriately
- d) ensure quality assurance systems and processes are further developed and are used to drive improvement.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and ensure that care and support is consistent with the Health and Social Care Standards which state 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22)

## How good is our leadership?

4 - Good

Quality assurance is a process that enables a service to evaluate its quality and performance. People should benefit from a culture of continuous improvement and it is important that services have effective systems to assess and monitor the standard of care being provided. We found that there were a range of quality assurance processes in place, and on the whole, these supported positive outcomes for people. We evaluated this key question as good.

The service benefited from a visible management team who were approachable and available to support staff when required. There was good evidence of management oversight and there were a range of tools and processes in place to evaluate the performance of the service. Improvements identified through these processes were followed through with appropriate actions. Some audits were more effective than others and we discussed with the management team, the need to improve infection prevention and control practice (see KQ 1 "How well do we support people's wellbeing?" for details).

Relatives and people living in the home were complimentary about the manager and the staff group. People using the service and their relatives were actively encouraged to share their views and contribute to improvements through quality surveys and regular meetings. People told us they felt confident giving feedback, that they were listened to and any suggestions were welcomed and responded to positively. Staff told us they felt supported and also had opportunities to express their views and share ideas through regular team meetings and supervision. This showed the service valued people's comments and suggestions.

The manager had a good overview of staff training and was able to identify areas where completion rates were lower than others and refresher training was required. Reflective discussions, supervision and observations of staff practice were undertaken to assess learning and competence, and provide staff with feedback. These helped to highlight good practice as well as any areas for improvement.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	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	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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