

St. Columba's Care Home Care Home Service

1 Logie Street
Dundee
DD2 2QF

Telephone: 01382 668 854

Type of inspection:
Unannounced

Completed on:
22 February 2024

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 on 21 and 22 February 2024. 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 four people using the service and six of their family
- Spoke with six staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- The service had made significant changes to the way in which activities were organised.
- Improvements had been made in the systems in place for oversight of the service.
- More time was needed for oversight activities to be fully effective.
- Improvements were still needed with infection, prevention and control practices.
- Staff deployment and skill mix needed to be reviewed.

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 staff team? | 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?

3 - Adequate

This inspection focused on improvements required from a previous inspection on 4 October 2023. We have detailed the progress in these areas under the following section of this report:

- **What the service has done to meet any requirements, and areas for improvement we made at or since the last inspection.**

We evaluated this key question in response to findings during this inspection. We have evaluated it as adequate where there were some strengths but these only just outweighed weaknesses.

Adults in care homes should live in an environment that is clean, tidy and well maintained. On the surface some areas of the service were clean and fresh however, we identified multiple pieces of equipment and areas of the home that were not sufficiently cleaned or maintained to ensure people were kept safe from the risk of infection. The service rectified some of the identified issues during the inspection, other areas will require longer to address, and improvements must be effectively monitored to ensure people are kept safe (see requirement 1).

Requirements

1. By 29 April 2024, the provider must ensure people live in an environment that is clean, safe and minimises the risk of infection.

To do this provider must at a minimum:

Ensure the care home environment, furnishings, and equipment are kept in a good state of repair and are safe, clean, and tidy at all times.

This is to comply with Regulations 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS, 5.24).

How good is our staff team?

3 - Adequate

This inspection focused on improvements required from a previous inspection on 4 October 2023. We have detailed the progress in these areas under the following section of this report:

- **What the service has done to meet any requirements, and areas for improvement we made at or since the last inspection.**

This key question was evaluated in response to findings during the inspection. We evaluated it as adequate as some strengths were identified that had a positive impact for people but the likelihood of achieving

positive outcomes and experiences for everyone was reduced because key areas of performance needed to improve.

We recognise there are currently recruitment challenges in the care sector. The service has had significant issues recruiting staff and as a result there was a high reliance on the use of agency staff in St Columba's care home. People should feel confident and have trust in people supporting them. However, we heard that this discontinuity meant that people were often supported by staff who were unfamiliar with their needs and routines. People told us this could make them feel insecure.

Throughout the inspection, we saw interactions between staff and people who were using the service that were warm and kind. Care staff worked well together but under pressure to try to meet people's needs; some told us they did not always feel they could take their breaks. Staffing numbers were informed by a recognised dependency tool and the number of people living on each floor. This varied across the three floors. Some routines were arranged to manage times of highest need, such as at mealtimes when people requiring assistance had meals served earlier than those who were independent. However, we saw at other times, staff were not available on the floor to respond to people's needs as they were busy supporting people in other rooms. This left some people requiring assistance unattended. Delays to support can have a negative impact on people's welfare and experiences.

People must be supported by the right number of staff with appropriate skills and knowledge to meet their needs (**see requirement 1**).

Requirements

1. By 29 April 2024, the provider must ensure that at all times enough suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

To do this, the provider must at a minimum:

Review the numbers, deployment and skill mix of staff on an ongoing basis.

This is to comply with Regulation 15 (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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); and

'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 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).

This requirement was made on 4 October 2023.

Action taken on previous requirement

There were improvements with the systems in place for oversight of medication management with observations of staff practice and auditing of medication records being carried out. However, we saw that correct processes for the storage and administration of medication, and the management of return medication were inconsistently followed. This indicated that the systems in place for oversight were not fully effective in maintaining safe and effective practice and there were risks that people could potentially receive medications not as prescribed.

We acknowledge that some progress has been made, however further improvements are needed to fully ensure the safety and wellbeing of people. This requirement has not been met and has been extended until 29 April 2024.

Not met

Requirement 2

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).

This requirement was made on 4 October 2023.

Action taken on previous requirement

There were several more audit processes in place for assessing key areas of the service. We could see that these were being used to develop action plans and some were leading to effective improvements such as with oversight of staff training. We identified some concerns that had not been highlighted or actioned through the audit processes such as medication management and equipment cleaning and maintenance. Some audit documentation was also inconsistently completed. It was therefore difficult to ascertain consistent effective actions or outcomes from all audit processes in place. Of particular concern was the lack of effective actions from environmental oversight processes. Please see Key Question 1 "How well do we support people's wellbeing?" for more information.

We found that the service had been submitting relevant notifications to the Care Inspectorate.

There have been some important improvements in this area, further time to fully embed and build on the improvements made so far would be beneficial. The requirement has not been met and has been extended until 29 April 2024.

Not met

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 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).

This area for improvement was made on 4 October 2023.

Action taken since then

The service had made significant changes to the way in which activities were planned and organised allowing for more opportunities and a range of activities. There was a comprehensive participation plan in place to gather feedback about activities and ensure they are meaningful to people. Activities are planned and delivered by care staff; there is no dedicated coordinator position for this. We heard that on occasion trips out could be cancelled due to staffing issues but feedback from people and families was mostly positive about the activities on offer. **This area for improvement has been met.**

Previous area for improvement 2

The service should ensure that staff, people and families have an opportunity to contribute to a service development plan, on an ongoing 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).

This area for improvement was made on 4 October 2023.

Action taken since then

There was a service improvement plan in place which was updated by the manager regularly. People we spoke to told us that although there were opportunities to give opinions about the service such as at organised meetings and through questionnaires, they were mostly unaware of the service improvement plan or how their feedback was used. People told us they felt well informed about changes to the service such as the installation of solar panels and changes to activities.

It is encouraging to see more engagement with stakeholders, however this could be expanded upon to ensure people's feedback is used to inform the service improvement plan and this is shared effectively with

people. This would mean that people felt their opinions were valued and ensure people continued to receive a service that is right for them.

This area for improvement has not been met and will be restated.

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 |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 3 - Adequate |
| How good is our staff team? | 3 - Adequate |
| 3.3 Staffing arrangements are right and staff work well together | 3 - Adequate |

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.