

St. Andrew's Care Home Care Home Service

Stirches
Hawick
TD9 7NS

Telephone: 01450 372 360

Type of inspection:
Unannounced

Completed on:
28 February 2024

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2006131208

About the service

St. Andrew's Care Home is a care home for older people situated on the outskirts of Hawick in the Scottish Borders. The service provides nursing and residential care and is registered for 40 people, including short breaks and respite.

The home is situated in its own grounds with parking for visitors. As the home is situated out with the town access to transport is advised.

Accommodation is provided over three floors. All floors have access to sitting areas and dining rooms. Rooms are single however there are larger rooms that can accommodate couples who are looking for ongoing care and support.

Some rooms have full en-suite facilities which include toilet, wash hand basin and shower. Other rooms are standard with no facilities but with toilet and bathroom facilities close by.

At the time of this inspection there were 34 people living in the care home.

St. Andrew's Care Home is owned by Park Homes (UK) limited whose base is in Bradford.

About the inspection

This inspection took place on-site on 20 February 2024 between 09:15 and 17:00.

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.

The inspection was carried out by two inspectors from the Care Inspectorate. Our visit was then followed by time examining evidence remotely and having discussions via phone with relatives and staff.

In making our evaluations of the service we:

- Met with 15 residents during the visit
- Spoke with 10 relatives
- Spoke with 19 staff and management
- Observed practice and daily life
- Reviewed documents

Key messages

- Staff interactions with people were warm and kind
- Relatives told us their loved ones were treated with dignity and respect
- People's planned outcomes were detailed well in their care plans, however, at times those outcomes were not being achieved
- Staffing arrangements must be re-evaluated to ensure a sufficient number of care staff are deployed to achieve people's planned outcomes and provide responsive care.
- There was a delay with the provider seeking pre-employment safety checks so people could not be confident all staff had been appropriately and safely recruited
- Most staff had completed relevant mandatory and refresher training
- The manager was very approachable and provided good management stability within the home
- There were ongoing improvements being made to the home environment
- Two requirements and one area of improvement have been made following this inspection
- Management have been given links to several different best practice guidance resources.

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
How good is our staff team?	3 - Adequate
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 made an overall evaluation of adequate for this key question. Whilst strengths had a positive impact, key areas need to improve.

We observed supported people experiencing warmth, kindness and dignity in how they were supported and cared for. Relatives told us their loved ones were treated with dignity and respect. Staff demonstrated fun and humour, enabling people to feel included and accepted. One relative told us "They do a fantastic job - all a bunch of super stars - they always have smiles on their faces".

Relatives were easily able to visit their loved ones. We advised the manager to ensure relatives of people who had recently moved into the home know they can visit whenever they chose.

The activities coordinator had organised resident meetings over the last year. These had enabled people to be involved in reviewing and revising the meal menu and with making improvements to the garden. These meetings provided an opportunity for people to reminisce and were emotionally uplifting. We have advised these meetings to be more frequent.

Relatives were updated with the home's activities through email. Many relatives lived out with the Scottish Borders and enjoyed receiving these updates. We advised offering relatives of new residents the opportunity to be more involved in the home and to keep promoting this involvement with all relatives.

There were opportunities for meaningful engagement and activities within the home when the activities coordinator (AC) was on duty. The AC was well suited in their role and provided a variety of activities and craft making. People were supported to celebrate notable events such as birthdays and Christmas. The AC worked flexibly but only over 18 hours per week. Staff were busy providing care and support so had limited opportunities to fill those time gaps to meaningfully engage with people. There were limited opportunities for people who needed support from staff to go out into the community or to spend time outside in the garden. A second AC has just been recruited which, along with the current AC, will provide one full time staff cover for this job role.

The Scottish Social Services Council (SSSC) have recently developed training on meaningful connections which are available for staff to complete. We have sent links to this resource to the manager. Once staffing levels improve and staff complete this training they should be more skilled and have more time to engage with people in a more meaningful way.

People's health conditions were managed well. Where there were any concerns about a person's health or wellbeing referrals were made to external health and or social work professionals in a timely manner. Relatives told us staff kept them informed of any changes in their loved one's health. This reassured them about the care and support being provided.

Procedures were in place to safely support people with their medication. We saw an instance where those procedures were not being followed. This was acted upon swiftly by management and resolved.

Various charts were being used to monitor people's wellbeing. These included charts to monitor some people's food and fluid intake. Management had identified the fluid charts were not being completed consistently by staff who worked overnight. Action was taken to rectify this. This included discussions with staff at team meetings and one to one supervision to reinforce best practice.

People's personal care and oral care preferences were detailed well in their care plans. However, records of personal and oral care taking place indicated people's preferences were not always being met. Where people declined support to bathe or shower or to clean their teeth there was no evidence of care staff trying to re-engage later in the day. Where people regularly declined this should be discussed amongst staff to establish consistent approaches to encourage the person to engage. Personal and oral care should be audited on a regular basis to identify where this additional support is needed. We have sent links to best practice guidance for oral care to the manager. See area for improvement 1.

On the inspection visit there were insufficient care staff on duty to meet people's planned outcomes and to provide responsive care for people's health and safety. The assessed full complement of care staff, per shift, was not being achieved on that day. On analysing rota information we found this was a regular occurrence. We also consider the assessed care staffing hours were not enough. They did not take into consideration the lay out of the building and other factors including meaningful connections, staff learning and supervision.

Insufficient care staff will be impacting on areas of improvement being identified by the manager and during this inspection. Staffing arrangements within the care home must be re-evaluated to ensure a sufficient number of care staff are deployed to consistently achieve people's planned outcomes and to provide responsive care. The Health and Care (Staffing) (Scotland) Act 2019 (HCSSA) comes into force on 01 April 2024. We have directed management to safe staffing guidance to help them assess sufficient staffing levels going forward.

See requirement 1.

Requirements

1. By **31 May 2024**, the provider must ensure people's care and support outcomes are met at all times.

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

Taking the layout of the building into account, an appropriate number of staff are effectively deployed throughout the day, evening, and night to ensure responsive care to people's care needs, health, and safety.

This is in order to comply with Regulation 4 (1) (a) and 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)

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

Areas for improvement

1. To ensure people's preferences and intended outcomes are met the service should:

- Ensure people's personal and oral care choices are being offered and supported daily or as frequently as recorded in their care plan;
- Records should be monitored and audited to identify any gaps and any actions taken;
- Where appropriate, consistent approaches should be established to encourage people to engage with accepting personal and oral care.

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

"If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected" (HSCS 1.4)

"My needs, as agreed in my personal plan, are fully met and my wishes and choices respected" (HSCS 1.23).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home manager had an open-door policy for all. All staff we spoke with said how supportive the manager was. Performance issues were addressed by the manager in a supportive way to bring about learning and better outcomes for people. Relatives described how the manager was always available to resolve any queries or worries. The regional manager was also considered to be approachable and listened to staff.

Management provided good opportunities for staff from all departments including care staff, kitchen, domestic and laundry to meet up regularly. These were through team meetings, individual department meetings and regular "flash" meetings. These ensured most staff were up to date with the home's activities and given any new information.

The quality of the service was being checked through various quality assurance systems and processes including internal audits. Areas to improve, identified through quality assurance, were recorded and where achievable were actioned. We have recommended an additional regular audit of personal and oral care provided to people. This has been further detailed under "key question 1 - how well do we support people's wellbeing" in this report.

Incidents were managed well by management and learning was sought to reduce reoccurrence. We advised the manager to ensure all accidents were reported and processed through their accidents and incidents procedures as a fall had been identified which had not been processed correctly. This could impact on how the person is supported to prevent and reduce the risk of falls going forward.

There were improvement actions plans in place for the environment. We have been advised an overarching improvement plan was being developed which will cover all the home's activities along with the environment. This will help management see how well the home is achieving expected outcomes for people.

The manager provided good management stability within the home. They demonstrated a commitment to provide high quality care and support to people. More resources need to be made available from the provider so the manager can consistently deliver high quality care which they aspire to do.

How good is our staff team?

3 - Adequate

We made an overall evaluation of adequate for this key question. Whilst strengths had a positive impact, key areas need to improve.

People could not be confident staff who support and care for them had been appropriately and safely recruited. This was because there was a delay by the provider with seeking and processing Disclosure Scotland's Protecting Vulnerable Groups (PVG) scheme checks. This meant the home manager was completing risk assessments so they could employ some staff without the check being completed. This should only be undertaken under exceptional situations and discussed with the Care Inspectorate to ensure there are adequate safeguards in place. This practice should not be used routinely.

Senior management must investigate this matter immediately with their head office and check all staff have had all pre-employment checks completed. We have given management a copy of the Scottish Government's guidance: Safer Recruitment Through Better Recruitment, September 2023. See requirement 1.

Training was provided via e-learning and some face-to-face training. Most staff had completed relevant mandatory and refresher training. Training topics covered areas expected to ensure staff have the right knowledge and competence to care for and support people. We advised the provider to review the refresher time scales for some topics to provide more frequent reminders of best practice. Promoting excellence training in dementia and training in delirium were available from the HSCP trainers however, currently, staff could not be released from care duties to attend this training.

Observations of staff's competency with medication administration and moving and assisting were undertaken. Observations of staff in relation to infection prevention and control were also undertaken.

One-to-one supervision meetings had taken place with staff over the last year. Where there were performance concerns or reminders of best practice needed around a particular topic the manager would meet with staff to discuss the rationale behind the need for best practice and discuss best ways of working. These meetings were a positive way to addressing performance issues, reflecting on practice and bringing about good learning.

Requirements

1. By **31 May 2024** the Provider must;

Ensure staff are safely recruited and follow and implement the best practice guidance from the Scottish Government's guidance: Safer Recruitment Through Better Recruitment, September 2023.

This includes the provider seeking and processing Disclosure Scotland's Protecting Vulnerable Groups (PVG) scheme checks in a timely manner.

This is to comply with Regulation 9 (1) of the Social Care and Social Work (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:

"I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

How good is our setting?

3 - Adequate

We evaluated this quality indicator as adequate. Whilst strengths had a positive impact, key areas need to improve.

The communal areas of the home were clean and tidy and domestic staff worked hard to maintain this. New cleaning schedules had recently been developed with domestic staff involved. There were two dedicated laundry staff, one working each day of the week. This arrangement was working well.

Areas to improve recommended by the fire service and the health and social care partnership (HSCP) infection control team had been acted upon and improvements made.

Environmental audits were undertaken. Checks of appliances, equipment and water temperatures were made to ensure people's safety. Requests for repairs by staff were recorded in the maintenance book and actioned upon in a timely manner by the maintenance team. Repairs by external contractors were more easily agreed and arranged with the providers facilities management team. Equipment was more easily purchased through the provider, with less time waiting for purchases to be authorised and bought.

There were ongoing improvements being made to the home environment, these included new flooring. Corridors and people's rooms were being painted and decorated on an ongoing basis. There was a staff member dedicated to this work.

Management were advised to consult the "King's Fund's EHE Environmental Assessment Tool" to ensure people living with dementia and other people with cognitive difficulties benefit from the layout and decor of the care home. We have signposted management to this tool at previous inspections and to other resources to improve the environment for people. At this inspection management have made a commitment to follow our advice.

During the inspection we visited people's bedrooms and found examples of equipment and bathroom appliances which needed cleaning. We shared with management concerns around poor bedmaking practices. People should be respected at all times and this includes having a clean bed to sleep in. We consider this is another example of staff being rushed and quickly making up a bed to then go and provide care.

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

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans sampled held good information about the person's care and support needs. Appropriate plans and risk assessments were in place relating to people's specific health conditions. Plans were regularly reviewed and updated with changes.

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and supporting people with any decisions to be made or need support to make.

An electronic care planning system is to be introduced. This will make it easier for staff to access care plan information. Currently plans are held in the nurse's office and staff have limited opportunities to look at them in any detail. Electronic plans should also allow management to more easily audit specific care tasks being undertaken, like personal and oral care.

Whilst people's planned outcomes were detailed well in their care plans, at times those outcomes were not being achieved due to insufficient care staff being deployed.

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**

To ensure people are able to get the most out of life and to improve their physical and mental wellbeing people should be consistently offered meaningful activities and engagement that meet their interests. Current activities staffing arrangements should be reviewed to ensure they are flexible to meet people's social needs.

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

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6)

"I can maintain and develop my interests, activities and what matters to me in the way that I like" (HSCS 2.22).

This area for improvement was made on 11 May 2022.

Action taken since then

Sufficient improvements had been made for this area for improvement to be considered met. Further details relating to meaningful activities are detailed under "key quality 1 – how well do we support people's well being" in this report.

Previous area for improvement 2

To ensure people experience high quality facilities all identified maintenance and repair tasks should be logged and carried out in a timely manner ensuring there is no compromise to people's safety. The quality of all bed linen should be examined so they are of a standard that respects people living at St. Andrew's care home and new linen purchased where identified.

This is to ensure 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 5.22).

This area for improvement was made on 27 October 2022.

Action taken since then

Sufficient improvements had been made for this area for improvement to be considered met. New linen had been purchased. Maintenance and repairs were being completed in a timely manner. Further details can be found under "key question 4 – how good is our setting" in this report.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	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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