

St. Davids Care Home Care Home Service

40 Glamis Road
Forfar
DD8 1DG

Telephone: 01307 464 284

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Mr Ivan Cornford & Mrs Lisa Cornford

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SP2005951138

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About the service

St. Davids Care Home is a privately owned care home in the Angus market town of Forfar, close to shops and local amenities. The service provides residential care for up to 22 older people.

The accommodation operates as separate households over two interlinked properties and provides accommodation over two floors. Residents have individual rooms and all but two have en-suite facilities. Public areas within the home include two lounge/dining areas, sun lounge and attractive garden area to the front and rear of the property.

About the inspection

This was a full inspection which took place on 11 and 12 January 2024. 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 nine people using the service, and six of their family;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- People were encouraged and had opportunities to join in activities that were meaningful to them.
- Quality assurance processes and development plans required improvement to reflect how the service used feedback to improve outcomes.
- Staff carried out care and support with patience and kindness towards people at a relaxed pace.
- Reviews and care documentation required improvements to ensure they were reviewed on a regular basis.
- Relatives expressed a high level of satisfaction with the service and good communication as a strength.
- Staff supervision needed to improve.

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?	5 - Very Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were treated with dignity and respect, and we found a pleasant and nurturing atmosphere in the service. It was clear that staff knew people well and there were kind and patient interactions, with lots of appropriate humour and banter. People told us, 'The staff are all very nice', and 'I like everything here, the staff are nice, and I enjoy going out for walks with them'. This meant that people were encouraged and supported to achieve their individual outcomes.

Mealtimes were relaxed and unhurried. People had time to enjoy their meals and social time with others with whom they had developed friendships. This helped people to feel connected and enabled to maintain relationships in their home.

People were encouraged and had opportunities to join in activities that were meaningful to them. It was good to see people taking part in normal domestic routines such as laying and cleaning tables before and after mealtimes and enjoying opportunities to enjoy the local community with staff and family members. People were enabled to get the most out of life which promoted a sense of wellbeing.

Support plans evidenced that people had access to a range of services such as, GPs, podiatry, district nurses, opticians, and psychiatric services, and had attended routine health screening appointments. This ensured people were appropriately accessing other professional support to optimise their health and wellbeing when required.

Relatives told us 'Staff said their goal was to get mum up on her feet and that's what they have done' and 'they wanted to help her engage with others and they have done this too'. This enhanced people's wellbeing, mobility and confidence using a person-centred approach.

Medication management was very good with a clear system in place to ensure safe practice. We saw that the service did not have "as required" (PRN) medication protocols in place for people who experienced stress and distress. This meant that it was not always clear at which point PRN medication should be administered. We discussed the importance of ensuring this information was available to staff, to ensure all other options had been explored before administering PRN medications. The management team were working on improving the information within support plans during our visit, and we will monitor this at our next inspection.

The home was visibly clean with cleaning protocols in place. Infection prevention and control (IPC) stations and equipment such as gloves and aprons were available in both communal and bathrooms areas. People could be confident that staff were knowledgeable regarding IPC and had appropriate measures in place to maintain a clean and safe home environment.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The manager and assistant managers were visible in the service and supported care staff when there were staff absences. This meant that they had good oversight of the service and understood the needs of people. Some relatives told us, 'I feel confident taking any issues to the management team' and 'We are confident that the senior team would deal with any issues'. Staff also told us they had confidence in the management team and told us, 'The manager is a good support' and 'We work well as a team'. This meant that people could be confident they could approach the senior team to resolve any issues.

The service management structure was in the process of being reviewed to incorporate two assistant managers to support the current manager. This meant that there would be enhanced management oversight to ensure standards of good practice were adhered to, and to implement any changes and improvements required. This could lead to improvements of oversight of the service as roles and responsibilities were clarified and systems put in place to monitor the performance of the service.

An improvement framework was in place detailing the quality assurance of key areas of the service. It was positive that some audits had been completed. However, it was unclear how the results of these had been communicated to people, or how these informed managers of progress and areas requiring further development and improvement. A more robust and consistent approach would ensure that managers understood what was working well in the service and what needed to improve to ensure that people continued to experience positive outcomes. **(See area for improvement 1).**

Resident, relative and staff meetings were not taking place at the time of our inspection. Although we were informed that informal meetings were held, there were no records of them, or information captured of how these had informed the overall improvement plans for the service. This meant there were missed opportunities for people to feedback ideas or concerns regarding the development of the service. People should have the opportunity to have their views heard and taken into account.

It was good to see that the service had systems in place for monitoring staff registration with Scottish Social Services Council (SSSC) and staff recruitment. This meant that people could be confident that measures were put in place to ensure that staff were appropriately registered with their professional bodies, and to keeping people safe.

We saw evidence of a variety of training, incorporating face to face and eLearning. Staff were using the 'Dementia Matters' resource during in house training sessions, which provided opportunities for staff to come together to discuss concerns specific to this service. A recent review of e-learning highlighted a high number of courses not completed by staff. The service would benefit from manager oversight and monitoring to achieve full compliance. This would ensure that people had confidence that staff have the necessary skills and competence to support them.

The management team would benefit from identifying their key roles and responsibilities in order to focus on pulling together quality assurance and improvement in the service. People would benefit from a consistent approach to leadership and improvement.

(See area for improvement 2).

Some incidents had not been reported to the Care Inspectorate as is required of all services. We discussed these issues with the manager and provided guidance to support understanding in this area. **(See area for improvement 3).**

Areas for improvement

1. To improve outcomes for people, quality assurance processes should be based on people's experiences.

This should include but is not limited to:

- a) auditing and gaining feedback on key areas of the services performance;
- b) action plans with timescales where deficits and/or areas for improvement have been identified;
- c) a regular review of action plans to monitor and promote progress.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

2. To enable people to benefit from a service that is well led, the provider should establish a robust management team where roles and responsibilities are clearly identified for each member.

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

'I use a service and organisation that are well led and managed'. (HSCS 4.23).

3. The Provider should ensure that all notifiable incidents are reported to the Care Inspectorate as per the guidance 'Records all services excluding Child Minders must keep and notification reporting guidance.'

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected'. (HSCS 4.18).

How good is our staff team?

4 - Good

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

Staff demonstrated good qualities and carried out care and support with patience, at a relaxed pace. The staff team worked well together and clearly got on, which created a warm, friendly atmosphere in the service.

We observed that staff worked well together as a team during the lunchtime service, and demonstrated good skills when supporting people with their dining experience. It was good to see that people who were friends were supported to sit together if they wished. This meant people could be confident that staff understood people's individual nutritional needs and wishes, and supported friendships between people.

Staff told us that managers were approachable to them when they required support, and we heard that informal unrecorded support was available to staff at regular intervals. Staff told us, 'The manager is a good

support, she listens'. Some relatives we spoke to told us, 'I have noticed a change since the pandemic, little things not being done'. This was in relation to a higher turnover of staff in the service over recent time due to the pandemic, and newer staff not fully understanding people's preferences.

The service was experiencing recruitment challenges which meant that the management team were providing direct care at times. This impacted on their time to be able to provide regular supervision meetings to all staff. It is important that staff receive regular supervision to ensure they understand their roles fully; meet their learning outcomes, and are supported with disciplinary matters at an early stage should this be necessary. Supervision also provides opportunities for staff to feedback about the service, and contributes to staff morale and creating a skilled workforce in order to deliver good quality care to people. We discussed with managers the benefits of carrying out and recording observations of staff practice to supplement supervision and learning discussions. **(See area for improvement 1).**

Staff had access to a good range of online, practical and also monthly group learning sessions. These concentrated on the skills staff needed to support people living with dementia, and to discuss other relevant training required to meet the needs of people living in the service. Although there was a system in place to check that staff had met all mandatory training requirements, some online training was not as up to date as it should be. We discussed the importance of all staff and managers ensuring that they met the training requirements for their roles and responsibilities in order to keep people safe, and to meet their obligations under their professional codes of practice. The management team were in the process of developing a new training matrix which we will monitor at our next inspection.

Staff had been recruited safely and in line with current guidance. This meant that people could be confident that the necessary checks had been carried out in order to keep people safe.

Areas for improvement

1. To ensure that people receive high quality care and support from staff who are skilled and confident in their roles, the provider should ensure that all staff receive supervision meetings, and that records are kept to ensure identified actions to support staff development are followed through.

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).

This is to ensure support is consistent with the Scottish Social Services Council (SSSC) Codes of practice for Social Service workers and Employers 2016, which state as an employer you will: 3.5- 'Provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice'.

How good is our setting?

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 service was clean and fresh in all areas and free from intrusive odours and noise. This meant people could enjoy a calm, pleasant environment to spend their time.

People benefited from large rooms with pleasant views, and they were personalised with items from home such as pictures and items of furniture. Relatives told us 'The room was dowdy when we first saw it, but it was decorated at short notice before my relative came in'. This meant that people could be confident that the service was proactive in responding to people's individual preferences.

We saw that maintenance records were in place and were up to date. People could be reassured that regular monitoring and maintenance of the service was ongoing to keep them safe.

There were a variety of spaces for people to sit with a mixture of busier and quieter areas. We observed people freely accessing these spaces, and being able to access both upstairs and downstairs areas. People were encouraged to take part in ordinary household chores such as washing dishes and wiping tables, which meant that people enjoyed a sense of purpose and having a role in day to day routines.

Cleaning schedules were in place and completed appropriately. Domestic staff were knowledgeable regarding the correct use of products for cleaning and decontamination.

Some areas appeared cluttered, for example, corridor areas with furniture at the top of stairwells and corridors, and a mechanical aid with wires hanging onto floor which could be a potential trip hazard. Despite this, the home did have a cosy, homely feel. People told us 'It's your home and you can do what you like' and 'It's homely'.

People had access to a secure outside space in the front garden, and we observed people going outside supported by staff during our visit. Relatives told us 'Staff take her out for her shopping, and she pushes the trolley' and 'she has been out to the Webster theatre, the panto and singing club. She is out more than she ever was when she was at home'. This meant that people had access to not only the immediate outdoor spaces to get fresh air, but also to local community facilities, which contributes to their health and wellbeing.

Some areas of the home would benefit from updating. Some carpets were worn and old, and the changes in flooring in different areas may be confusing and visually challenging for people with poor eyesight or dementia.

Some new flooring was required in the kitchen, due to an area of damaged and exposed flooring. This meant that this area was unable to be cleaned effectively and foodstuffs were gathering in this area. The provider of the service informed us that this area was due to be repaired.

The lighting in some areas of the home such as the main corridors appeared dim which may present difficulties with residents with dementia/eyesight issues. Lighting that is bright, even and free from shadow, glare and reflections avoids confusion and minimises the risk of falls for people.

The service may benefit from using good practice guidance such as the 'Kings fund audit tool' in order to assess the environment and to identify what areas could be improved to support residents with cognitive and sensory impairments. This would ensure people have access to a setting that has been adapted for their needs.

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.

Support plans described good information relating to people's personal history and daily recordings describing the care and support carried out. Managers could access a timeline facility within individual support plans to quickly check what support had been provided during the day and identify outstanding support needs. Care plans were online and still in the process of being developed at the time of this inspection.

Some plans did not clearly set out some key information, or it was recorded in the wrong sections. This meant that some information was not readily available for staff to access when needed, or was difficult to find quickly. For example, sections that were supposed to record people's preferences, described how care should be provided relating to other issues not related to their likes and dislikes. This meant information was not readily available to staff who needed it quickly. It was good to see that work to improve these sections had already started, and support plans which had been updated were clearer and more straight forward for staff to access and understand.

Some key processes such as ABC (antecedent, behaviour and consequence, behaviour charts) were not completed as well as they should. For example, the language in the descriptions of these charts needed to improve to ensure that respect for people was maintained, when people were experiencing stress and distress. We were pleased to hear that connections with the relevant professionals to support the learning and development around the completion of these charts had recently been secured and we will monitor this at our next inspection.

People had access to other health professionals, such as GPs, District Nurses and Podiatry. This ensured people were assessed appropriately to optimise their health and wellbeing.

The support plans we sampled evidenced that six monthly reviews had not been carried out as is required of all services. This meant there were missed opportunities for people and their relatives to discuss any concerns, feedback about the service and make changes to care and support if required. **(See area of improvement 1).**

Malnutrition universal screening tool (MUST) charts were in place for people, and staff ensured that monitoring of weights was being maintained at agreed intervals. Where concerns had been identified, appropriate support from dietician's had been sourced, and measures put in place to support improvement. Some people had been started on food and fluid charts where concerns had been raised about their dietary intake.

Managers had decided that fluid charts should be completed if food charts were in place, even if this was not clearly indicated. This meant that additional recording / work was being done in some cases where this was not required. Target levels of fluids to be achieved in these charts were pre-set and not personalised to individual requirements, and no agreed actions had been recorded should these targets not be met. This meant that these charts were in some cases unnecessary, or that actions had not been clearly identified should fluid intake be insufficient. It is important that staff understand the purpose of completing all care documentation, and what actions are required if there is evidence of concern. We discussed how improvements in this area would ensure that that documentation was meaningful.

Do not attempt cardiopulmonary resuscitation (DNACPR) documentation and Anticipatory care plans (ACP)

were available in some support plans which helped staff to identify who and what actions should take place when people reach the end of their lives. The service should continue, where possible, to ensure that this information is available for all residents.

Areas for improvement

1. To ensure that people benefit from care and support that meets their needs and personal outcomes, the provider should ensure that care and support is reviewed with the person and their family at least every six months, including a record of the discussion and actions taken.

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

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

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

Requirements

Requirement 1

By 3 March 2023, the provider must ensure that people experience care in an environment that is safe, clean and minimises the risk of infection.

To do this the provider must at a minimum:

- a) Ensure that mattresses are clean and in a good state of repair
- b) Ensure that staff understand and adhere to correct infection prevention and control procedures and practices in line with the National Infection Prevention and Control Manual (NIPCM).
- c) Implement a system for checking that equipment including mattresses are clean, cleanable and in a good state of repair and that action is taken where deficits are identified.

This is to comply with Regulation 4 (1)(a)(d) (Welfare of users) and 10 (2)(b) (Fitness of premises) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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)

This requirement was made on 2 February 2023.

Action taken on previous requirement

An audit of all mattresses in the home was being carried out by the management team on a monthly basis and any identified issues recorded on an action plan until completed.

Mattresses are cleaned in line with IPC measures, and this involved daily mattress cleaning where necessary and weekly for all other residents. Records were completed to reflect this process.

During our inspection we checked the condition of a range of mattresses and found them to be clean and in good condition.

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

To maintain a safe environment the provider should review their infection control practice against best practice standards. This should include but is not limited to the use of spray bottles for liquid chemicals and staff hand washing.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11); and

'My environment is secure and safe.' (HSCS 5.19).

This area for improvement was made on 2 February 2023.

Action taken since then

Infection control measures were reviewed, and staff were using disposable caps on all bottles of cleaning products.

Staff were knowledgeable regarding IPC measures required.

Cleaning records were in place for all areas of the home and completed appropriately.

We found that this area for improvement was met.

Previous area for improvement 2

To support effective quality assurance and improvement the provider should ensure that a process for evaluating performance and planning for improvement is undertaken.

This should include but is not limited to:

- a) auditing and gaining feedback on key areas of the services performance;
- b) action plans with timescales where deficits and/or areas for improvement have been identified;
- c) a regular review of action plans to monitor and promote progress.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 2 February 2023.

Action taken since then

The service had a framework in place, however, this had not been developed to include enough information of how they would obtain feedback from people.

No formal meetings had taken place involving residents, relatives or staff, and therefore it wasn't clear how feedback was obtained and used to ensure good quality outcomes being achieved for people using the service.

Some audits had been commenced and information collated regarding the results was presented in graph format. Although there were some action plans in place it wasn't clear how these plans contributed to continuous improvement. We have continued this area for improvement to allow more time for the new management team to be clearer on their roles and responsibilities, and to embed this new framework fully.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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