

# St Andrews House Care Home Care Home Service

1 James Foulis Court  
St. Andrews  
KY16 8SY

Telephone: 01334 479 593

**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Central Scotland Healthcare (St  
Andrews) Ltd

**Service provider number:**  
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**Service no:**  
CS2004063136

## About the service

St Andrews House is a purpose-built care home, situated in a pleasant residential area of St. Andrews within close proximity of local amenities.

Accommodation is provided on two floors, with a designated activities room on the first floor. The upper floor provides accommodation to 30 older people; one bed is available on this floor for people attending for respite.

The lower floor provides accommodation to 25 older people with physical frailty and five beds are available to younger people with physical disability. All rooms are single occupancy with en suite shower and toilet facilities. There are several dining areas and sitting rooms throughout the home to accommodate the choice and wide-ranging needs of people using the service.

## About the inspection

This was an unannounced inspection which took place on 27, 28 and 29 May 2024. 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. In making our evaluations of the service we:

- spoke with six people using the service and five of their family and friends
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- received further feedback via an online questionnaire which included information from visiting professionals.

## Key messages

Care and support was well organised and warm relationships existed between staff and people living in the service.

Management and leadership was strong and quality assurance was well led.

Staffing levels were adequate and staff worked well together.

The home was well presented and an programme of environmental improvement was underway.

Care plans provided good detail with which to guide care however care plans continue 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
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?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweighed areas for improvement.

People's health and wellbeing should benefit from their care and support. The service provides full time nursing care and had robust systems in place to monitor people's changing health needs. A daily meeting allowed an overview of the whole service and identified concerns and actions to be taken. The electronic care planning system was well utilised to run reports and gather data which contributed to the oversight of care.

Families felt involved in their loved one's care. One relative said, 'they make families feel very much part of the team.' Relatives were made very welcome in the home and were clearly well known, with affectionate relationships evident between staff and visitors. Family feedback was predominantly very good. Positive comments included 'I feel my father receives excellent care' and 'can you give them a gold star?' Visiting professionals gave feedback via an online questionnaire as part of the inspection process. Feedback was very positive, with professionals having confidence in the care and support the service provided.

The service have adopted a 'resident of the day' approach and use this to ensure that all aspects of care are reviewed regularly. Staff from across the whole team contribute to this to ensure that issues such as maintenance, room cleanliness and activities are considered on the same day. This led to a holistic approach to wellbeing and helped to ensure that people's needs and wishes were the key drivers for change.

People reported that the provision of activities and entertainment was more organised and more opportunities existed for them to have a meaningful day. Some people had been able to attend clubs and pursue hobbies in the local community. Other people enjoyed a variety of options available in the home. Further consideration about how events were advertised and promoted would be beneficial however. One person felt that physical activity could be better promoted on a day to day basis. They felt that time pressures led to an overuse of wheelchairs and that people could be more encouraged to retain or improve their mobility.

The mealtime experience was inconsistent across the home and could be improved. A visual choice of meals was not offered, and this made choosing more difficult for those with a cognitive impairment. There was no choice of crockery for drinks being served and this led to an institutional feel. Further consideration of the equipment used during mealtimes would ensure that meals stayed warm for those who took longer to eat. Improvements in the mealtime experience would contribute positively to outcomes for people. The manager was open to feedback and took immediate action to purchase specialised plates during the inspection.

## How good is our leadership?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

Quality assurance processes were well led and a whole home approach was used to ensure tasks were delegated throughout the team. This meant that staff could see the ways in which quality assurance processes contributed to high standards. Processes had been developed over recent months to ensure clear monitoring of a large number of aspects of the service.

This gave the manager a strong oversight of the standards within the home. Relatives were very positive about the improving standards. One said, 'the home has improved immeasurably', another said 'the new manager is amazing.' This gave confidence that the changes made to the service were positive and had been actively noticed by those visiting the home.

The service had been working on establishing clearer job roles and responsibilities. This work had started but was not yet complete. Further clarity around skill mix, deployment and job roles would improve efficient working.

Although some staff had completed recent supervisions this was inconsistent across the team. Further development of staff supervision, competency checking, observations of practice and appraisals would help to sustain the improvements which have already been made.

Some staff were wearing multiple items of jewellery. This can create a risk of injury to people living in the service when staff are undertaking moving and handling tasks. The home's uniform policy was not yet fully revised. The manager was aware of the need to enforce the policy once it had been completed and shared with staff.

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as 'adequate', where there are strengths which just outweigh weaknesses. Strengths should be built upon to ensure consistent positive outcomes for people living in the service.

Staffing levels should be right and staff should work well together. Staff reported good team working and the flexibility which a slight increase in staffing allowed. Staffing levels were adjusted in accordance with skill mix and people's changing health needs. Staff were able to reflect on the way that improved staffing levels had impacted positively on outcomes for people. Staff were observed supporting people to go outside and had been spending time with people playing board games. Where established teams were working together, staff were confident in their routine.

Staff were aware of the recent period of staff sickness, agency use and staff turnover. The impact of this had been felt through an increased challenge to work efficiently and effectively whilst supporting less experienced colleagues. Relatives had noticed that communication and consistency could be affected by changing staffing.

Issues existed with the preparation and presentation of adapted foods. People were not always receiving meals of the same standard. At times people were receiving food adapted to a greater extent than they required. Whilst the food provided was always safe, it is not best practice to advance people beyond the level that they require. The manager was aware of the need to support and develop the catering team. Consultation regarding the menu had already taken place and we were confident that positive steps would be taken to address the concerns raised. Practice during mealtimes was inconsistent. At times the attention paid to infection prevention and control could have improved. Staff would benefit from a recap of food hygiene practice and increased observations of practice. An area for improvement is made. See area for improvement 1.

## Areas for improvement

1. In order to promote good practice during mealtimes, the provider should ensure that staff are trained and competent in food hygiene, the presentation and quality of foodstuffs and the creation and presentation of specialised diets. Specialised diets should be provided in accordance with people's specific plan of care. This 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).

## How good is our setting?

4 - Good

We evaluated this key question as 'good', where there are important strengths which outweigh areas for improvement.

People should benefit from high quality facilities which are well maintained. The home was clean and pleasant, with many attractive spaces in which people could spend their time. A comprehensive environmental action plan had been developed in order to address ongoing redecoration work and identified improvements.

People were actively involved in changes and improvements to their own rooms. Where people could not actively express their wishes staff had taken steps to seek out information about their previous likes and dislikes in order to advocate on their behalf. Consideration had been given to the placement of items and equipment in people's bedrooms to ensure that these maximised people's experience, especially when people spent the majority of their time in bed.

Further attention should be paid to electrical testing within the home, as some of this was significantly out of date. This is important to maintain safety.

Plans were in place to increase the accessibility and use of the outdoor space. However, people were still seen to be enjoying time outdoors at various points throughout the inspection. Plans for the outdoor have been developed with good consideration of people's needs and wishes.

## How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where strengths clearly outweigh weaknesses and positively impact on outcomes for people.

Assessment and personal planning should reflect people's needs and wishes. We found that personal plans were now fully available through an electronic care planning system. This meant that plans could be easily accessed by all staff and updated in real time. Plans were individualised and showed that people had been well involved in their development. We saw that a good level of detail had been included. People could be confident that their opinions and wishes had been considered. Plans were regularly reviewed and updated to reflect people's changing health needs.

The electronic care planning system was being well used to gather and analyse data about people's wellbeing. This allowed the manager and nursing staff to have good oversight about clinical care. Data was being used to both identify issues and plan improvements.

Plans to guide care around stress and distress responses could be developed further.

Plans would benefit from clear links to any 'as required' medications which people were receiving. This would encourage consistent practice across both time and staff members.

## 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 service provider should ensure people have the opportunity to participate in regular meaningful activities, both indoors and outdoors, that meet their needs, wishes and are accessible.

This 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 9 June 2023.**

#### Action taken since then

Activities were more organised and could now be recorded and tracked via the electronic care planning system. This was encouraging a better spread of time and attention across the home. The manager could monitor people's engagement with the activity staff as part of the resident of the day approach. People's previous hobbies and new interests were being supported outwith the home, including trips to a local choir and to a golf centre. Care staff were more able to engage with people outwith basic care tasks. This area for improvement is met.

#### Previous area for improvement 2

The provider should ensure that people's views and opinions are the primary drivers for change. People living in the home and their representatives should be fully involved in decisions made about change and improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11); and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (2.12).

**This area for improvement was made on 9 June 2023.**

#### Action taken since then

People had been involved in change and development in the home, both formally and informally. A resident meeting had been facilitated and had provided a good opportunity for people to express their views. Feedback around the menus had been sought and changes were underway. Relatives felt confident that they could give informal feedback at any time and that every effort would be made to resolve issues raised. This area for improvement is met.



### Previous area for improvement 3

In order to promote activity and independence for people, the service should encourage and safely support access to indoor and outdoor spaces. The service should ensure that resources to enhance people's wellbeing are accessible and used to meet people's agreed outcomes. People living in the home and their representatives should be involved in choosing how spaces and resources are used to ensure their needs and wishes are considered.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I live in a care home I can use the private garden' (HSCS 5.25); and 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21).

**This area for improvement was made on 9 June 2023.**

#### Action taken since then

Areas of the home were being well utilised by both residents and relatives during the inspection. Families could use quiet spaces to gather with their loved one and people were using the outdoor spaces to a good extent. Further work was planned to increase the accessibility of the outdoor space, to ensure that it was safe and pleasant. People's needs and wishes were the key drivers for change.

### 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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