

St. Columba's Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
3 June 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 a cinema, sweet shop, bar and hairdresser. At the rear of the home there is a private enclosed garden area which can be accessed from the ground floor.

About the inspection

This was an unannounced inspection which took place from 28 to 30 May 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 seven people using the service and five of their family
- Spoke with four staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- People were supported by a kind and compassionate staff team.
- The service planned regular and varied activities.
- Unplanned trips outside could not always be accommodated.
- Quality assurance and oversight activities were leading to improvements in some areas.
- The service needed to review their recruitment procedures to ensure staff were recruited safely.
- The recent and ongoing refurbishments were improving the facilities.
- The service was responsive to our feedback and took prompt action 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	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

We have evaluated this key question as adequate. During the inspection, we identified a number of important strengths, which when taken together, outweighed areas for improvement.

People within St Columba's Care Home were treated with dignity and respect. We saw many warm, positive interactions between people who lived in the service and staff. Visitors to the service were welcomed and treated with the same kindness as people living there. Staff were familiar to people and spoke fondly, and knowledgeably about them. Positive, respectful relationships between staff and the people they support helps to create a warm, homely atmosphere in the service and supports good outcomes for people.

Supporting people to get the most out of life had been a priority for the service since the last inspection. Opportunities to support people to remain physically active were planned regularly as well as daily social and creative activities. The service involved volunteers and community groups and staff were available in communal areas to support group activities. People we spoke to told us there was enough going on in the home and that staff were available to chat to people in their rooms if they preferred not to join in with group activities. New activities planners had been developed and were now on display on the ground floor. Further consideration was needed to ensure this information was available to everyone so they could make a choice. Planned activities included outdoors trips and events held in the garden, however we heard there were challenges in accommodating individual, ad hoc requests to go into the garden due to the staffing arrangements and layout of the building.

Staff ensured that people had access to fluids regularly throughout the day and people could help themselves if they were able. Where people's fluid intake needed to be monitored, a system was in place to ensure this happened. There were choices and alternatives for meals and home baking was served daily. Bananas were always available, but there was limited access to other fruits. To encourage a healthy, balanced diet this should be an option for people. We discussed this with the leadership team who informed us they would review the availability of fresh fruit.

To ensure people receive food that is appropriate for their needs and abilities, communication of information within and between staff teams should be clear and consistent. We identified several inconsistencies in the documentation of people's diet needs particularly in relation to modified diet textures. There was therefore a risk that people could receive incorrect meals that were not appropriate for their needs and abilities. The service had already identified this as a training need and had taken steps towards planning further training. In response to our findings the service also began the process of identifying and rectifying any documentation discrepancies.

There were a range of health assessments and monitoring tools in place and people benefitted from referrals to external health professionals for further assessment and advice if needed. This ensured that people had access to the right healthcare at the right time. The use of 'as required' medications was monitored consistently for effectiveness to ensure people benefitted from their use. This process could be further enhanced by the introduction of up to date, comprehensive protocols.

Medication management was not always in line with best practice. We identified incomplete medication administration records and found discontinued medications that should have been returned to the pharmacy several months earlier. There was the potential that people did not always receive their medications as prescribed. The leadership team were responsive to our feedback and have taken steps to address the issues

identified (see requirement 3 under the section 'What the service has done to meet any requirements we made at or since the last inspection').

Where there are measures in place to keep people safe, but which are also potentially restrictive, such as bed rails, sensor mats and CCTV, the risks and benefits of their use should be fully assessed, regularly reviewed, and fully consented to, ensuring they remain appropriate measures. Although we saw many risk assessments and consents in place the potential restrictions were not always clearly considered. The use of CCTV monitoring of communal areas was extensive and the policy for its use had not been reviewed for several years. This was discussed with the provider who have responded by reviewing their policy and procedures.

The service benefitted from recent and ongoing refurbishments. It was clean and fresh looking and cleaning was supported by the completion of cleaning schedules. Staff told us that the recent changes to the routines of the domestic staff had also been positive in supporting with keeping the service clean.

We identified that some cleaning materials were stored in areas that could be accessed by people which posed a potential risk to their safety. This had been raised at previous inspections and highlighted by management audits but not actioned. Immediate steps were taken to minimise the risks at the time of inspection and further plans were being made to include the safe storage of cleaning products as part of the ongoing refurbishments (see requirement 1 under the section 'What the service has done to meet any requirements we made at or since the last inspection').

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, there were many significant improvements in management oversight of certain aspects of the service however, there were some exceptions which had the potential to negatively impact people's experiences.

The service had developed and implemented new quality assurance systems. Self-evaluation based on Care Inspectorate core assurances had been commenced with improvement actions identified as a result of this process. There was diligent oversight and review of accidents and incidents, and the leadership team made efforts to learn from these going forward to improve people's experiences.

An active, useable improvement plan was in place which the manager reviewed routinely and regularly updated to reflect changes that were required or had been made in the service. People we spoke to were aware of the service improvement plan and their feedback was reflected within it. There were various opportunities for people and families to provide feedback in a way that suited them. As a result, people and families could feel their opinions were valued, listened to and used to evaluate and develop the service.

Audit tools were being reviewed and adapted to suit the needs of the service. The quality of their completion was variable though and the responsibility for audit was not effectively shared in the team. Regular effective oversight of key areas of the service was largely paused in the absence of the manager and some tools, such as care plan audits were not consistently identifying areas requiring action. This had resulted in discrepancies in care plans which had the potential for people to receive incorrect care. Oversight of staff competencies and training was also ineffective. It was unclear if all staff had undertaken sufficient training to consistently keep people safe.

There had been significant improvements in quality assurance, and approaches were leading to some improvements within the service. However, effective delegation of oversight activities was limited and some

areas, such as staff training was ineffective. The service should consider supporting leadership at all levels of the staff team to continue the effective implementation of quality assurance and build on the improvements made.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. There were several strengths, but these only just outweighed the areas for improvement.

People who live in St Columba's Care Home should expect to be supported by people who have been recruited safely. We found that the service was actively recruiting to ensure there was enough staff to meet people's needs. However, the service was not following best practice guidance in relation to recruitment, and we could not be assured that people were being supported by staff who had been recruited safely. The provider was responsive to our findings and updated their policy to reflect safer recruitment guidance. Steps were taken to undertake all relevant checks for current staff members and this process was ongoing (**see requirement 1**).

Newly recruited staff went through a standard induction process which we heard was supportive. Some training was included in the induction, such as moving and handling, however other important training, such as adult support and protection and infection prevention and control, was not always completed before beginning work actively supporting people. On further review, we identified that several staff had not completed important training. It is imperative that staff have received the relevant training for their role to support and protect people effectively and safely (**see requirement 1**).

A recognised dependency tool was being used to assess the staffing ratios required. These were being reviewed routinely and in response to changes in needs. Where appointments or planned events occurred, staffing was altered to reflect this. The provider was in the process of implementing a new framework to ensure that staff well-being was effectively considered in staffing arrangements. Staff numbers on the rota, and actively on the units were reflective of the dependency tool. People we spoke to told us that they were always able to find somebody to speak to if they needed to. However, we saw and heard how staffing numbers did not always allow staff to respond to people's individual requests, such as to go outside into the garden for fresh air. We concluded that staffing was adequate to meet people's care needs but was not always flexible enough to fully support people to get the most out of life (**see requirement 2 under the section 'What the service has done to meet any requirements we made at or since the last inspection'**).

Requirements

1. By 29 July 2024, the provider must ensure people living in the care service are supported by staff who have been safely recruited.

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

- a) Ensure all essential pre-employment checks are carried out prior to commencing employment in the service.
- b) Ensure adequate learning provision is made for staff to be able to meet people's needs and keep people safe.

This is in order to comply with Regulation 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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

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

How good is our setting?

4 - Good

We have evaluated this key question a good. There have been several improvements made to the environment and facilities in St Columba's Care Home and as such there are many strengths that outweigh weaknesses in this area.

The design and layout of the service was functional. It was split over four floors with the top three for accommodation treated as separate units. The communal areas were a good size and furnished practically. Recent refurbishments meant that the rooms and facilities were fresh and easy to keep clean. There was good signage to communal facilities, such as bathrooms, to support people to orientate around the home and this was further enhanced by names and numbers on the individually painted bedroom doors. People were able to personalise their rooms so they could reflect their interests and preferences.

There were different options of places people could spend their time on each unit, we saw these being used throughout the inspection. There was also 'The Street' on the ground floor comprising, cinema, sweet shop, bar and hairdresser. Access to the ground floor facilities was supported at set times for each unit by staff. People could walk freely around each unit which supported people to stay active, although the 24-hour CCTV did restrict private areas to the bedrooms and a small room on each floor.

The garden was well kept, we saw photographs of activities taking place in it but did not see anyone out in the garden during our visit. Access to the garden is from the downstairs cinema room and people told us that they needed a staff member to supervise them with this which was not always possible meaning access to outdoors was limited.

Regular equipment and maintenance checks were being carried out. There was an effective process for reporting any issues with maintenance and requesting repairs. We identified some issues however, with the ability to safely store medications. Staff were aware of this issue, but it had not been actioned appropriately and posed a potential risk to people's safety. The service needed to ensure all staff members were aware how to report maintenance issues and were aware of their responsibility to do so.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. We identified some important strengths which, when taken together just outweighed the weaknesses.

Care plans and risk assessments were in place for people who lived in St Columba's Care Home. There was a standard format in place and a range of recognised health assessments were used to determine people's care needs. Staff we spoke to were aware of the documents and could easily locate them.

Copies of relevant legal documents were held where appropriate, and staff we spoke to were familiar with these. People could be assured that if a legal decision was to be made, the service would be aware of and could involve the appropriate person.

Care plans and risk assessments we sampled did not consistently contain accurate information about the individual and some information conflicted across different sections. There were shortened quick reference care plans in bedrooms to outline people's needs however these were not kept up to date. These issues, which had the potential to result in people receiving incorrect care, had not been identified on recent auditing. We therefore were not assured that the care plans and risk assessments in St Columba's Care Home could be consistently used to effectively support people. We discussed this with the service who informed us they would undertake a full review of people's care plans and risk assessments (**see requirement 1**).

It was unclear if care plans were being reviewed as required. People and/or those important to them have a right to be involved in care plan reviews to ensure they accurately reflect their needs and wishes. The service needed to establish a process for regular care plan reviews with the involvement of people and/or their representative. This would help to ensure that people receive care that is right for them (**see requirement 1**).

Requirements

1. By 29 July 2024, the provider must ensure people receive care and support that is right for them.

To do this the provider must at a minimum:

- a) Ensure care plans and risk assessments contain accurate and up to date information.
- b) Ensure care plans are subject to review with the person and/or their legal representative at least once in every six-month period.

This is to comply with Regulations 4(1)(a) and 5(2) 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 personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15).

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

Requirements

Requirement 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).

This requirement was made on 22 February 2024.

Action taken on previous requirement

There had been progress made towards this requirement. The service was kept clean and tidy, and this was supported by oversight activities and the ongoing refurbishment plans.

We identified issues with the ability to consistently and safely store medications, which had not been escalated for repair. Access to cleaning products had also not been sufficiently rectified since the last inspection.

We concluded that further time with this requirement would support the service to maintain and build on the improvements made so far to ensure the environment was kept consistently clean and safe. This requirement has been extended until 29 July 2024.

Not met

Requirement 2

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 in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 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); 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).

This requirement was made on 22 February 2024.

Action taken on previous requirement

The service had recently recruited new staff and as a result reduced the reliance on agency staff. Staff were deployed as far as possible on the same unit so that people were supported by consistent and familiar staff. The staffing ratios were determined using a dependency tool and these were reflected in the number of staff on the floor. Staffing numbers were sufficient to meet people's care needs and for pre-planned events but were not always flexible enough to fulfil people's ad hoc requests, such as to go into the garden. Further consideration should be given to the training and skill mix of staff on each unit, and to the development of staff abilities in leadership to better meet the needs of the service and the people who live there. Staff need to have undertaken sufficient training to protect people and provide safe and effective care. This requirement has been extended until 29 July 2024.

Not met

Requirement 3

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) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/220). And section 8 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(b) 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:

'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

We identified that medication management was not always in line with best practice. There were incomplete medication administration records which had not been identified or rectified by staff checking this documentation when administering medication. The leadership team have taken steps to address the issues identified and further time with this requirement will support this. The requirement has been extended until 29 July 2024.

Not met

Requirement 4

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

It was evident that oversight had been a focus of the service and as such there were clear improvements. Although there is still progress to be made and the service would benefit from reviewing its leadership structure, we concluded that the service had the capacity to continue with this and that enough improvement had been made so far to meet this requirement. This requirement has been met.

Met - outwith 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

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

The service was building on its comprehensive participation strategy. There was clear involvement in the service from families, staff and people living in St Columba's Care Home. A variety of methods were used to gather feedback and efforts were being made to maximise people's participation. This area for improvement has been met.

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
1.3 People's health and wellbeing benefits from their care and support	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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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