

# St. Davids Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
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**Service provider number:**  
SP2005951138

**Service no:**  
CS2005105557

## 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 24 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 01 and 02 October 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 four people using the service, and four of their family representatives;
- spoke with 5 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- People enjoyed positive experiences of living at St. Davids and had developed positive relationships with staff.
- Staff support and training was up to date and comprehensive.
- Quality assurance processes and oversight processes needed to improve.
- Some areas of the service required upgrading or improvement.
- People were supported effectively to meet their support outcomes.

## 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?	5 - Very Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	5 - Very 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 evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

It was clear that good relationships had developed between people and staff, we observed kind and respectful interactions, with appropriate banter and good humour. Support was carried out respectfully and at a pace suitable for individuals. People told us, 'I like the staff, they are very good to me'.

Most people we spoke to told us they were happy with their care and had enough to do to ensure that their days were meaningful. Support plans evidenced that people had opportunities to go out into the community or enjoy activities within the home. We saw that people had visited some local attractions as well as going out for coffee in the local cafes. The service normally had a vehicle for people to use, assisted by staff, to attend appointments and go on trips of their choice, however, this was being repaired at the time of our inspection. During our inspection, activities such as exercise and singing groups were in progress and were well attended. This supported people's wellbeing and ensured they were active and engaged with their local community.

Mealtimes were pleasant and relaxed, and staff were encouraged to also take their meals with residents if they wished. This created a pleasant and sociable atmosphere in the dining room, and supported people who required assistance with feeding, or with communication to be more included in this social time together.

Support plans evidenced that people had been supported to attend and receive routine healthcare screening and had access to other peripatetic professional support when needed, such as GPs, District Nurses, opticians, and dental care. There was good communication of discussions between staff and external professionals within support plans, which informed changes in care and treatment.

Medication systems were well managed, and these records evidenced that people received their medication correctly and at the right time. Daily counts were completed to ensure that a track of remaining medication was kept, facilitating accurate re-ordering when this was required. PRN (as required medication) protocols had been introduced, however, we discussed ways in which these could be improved to ensure staff were consistently administering these, especially when supporting people with stress and distress.

There was a small outbreak during our inspection and IPC (infection and prevention control) stations were appropriately placed outside affected people's rooms to ensure that staff had access to PPE (personal protective equipment). There were inconsistencies in the way that staff were using PPE, which varied from advice we received directly from Public Health. We discussed the importance of ensuring that all staff applied the use and application of PPE consistently and in accordance with good practice to keep people safe.

## How good is our leadership?

3 - Adequate

We assessed this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood

of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

The management team had worked hard to improve some areas of the service, specifically in relation to the monitoring of care and support to people, and support to staff. Relatives and staff told us, 'I feel happy and supported' and 'I have confidence in the manager, she is exceptionally helpful'.

Management oversight of staff had improved, and staff were receiving regular supervision and oversight of their training and development responsibilities. Recent changes to SSSC (Scottish Social Services Council) requirements for staff had been incorporated into the manager's roles and responsibilities, and increased oversight of staff had been put into place. This ensured that all staff were appropriately registered, and had received training and support to ensure the safety of people. Some opportunities had been put in place for staff to feedback about how their shift had gone, and a box for staff suggestions had been put into place, where staff could make suggestions or concerns anonymously if they wished. This was fed back to staff at staff training days, and staff reported that they had found this supportive.

The oversight and audits of people's care and support plans had improved which ensured that key processes such as six-monthly reviews were being carried out as is required of all services. This meant that people had opportunities to discuss their support and ensure that plans were amended where required.

There were limited opportunities for stakeholders to feedback about the service, or be involved in improvements. Although people and their relatives, expressed that they were happy with the service, there were no relative/ resident meetings taking place, or other formal or anonymous ways for people to feedback about the service. Some people told us, 'there are not enough comfy chairs for everyone in the sitting room', and 'I don't see the manager', which indicated that more opportunities for people to comment and feedback about the service could support improvements.

The management team did not have a development plan available and had not carried out any formal evaluation of the service. These are important as they support managers to monitor the performance of the service, plan improvements and ensure that any actions are carried out within agreed timescales. Although there was a named manager; management roles and responsibilities were divided between the provider, manager and senior staff. We found that the 'management team' were not working together or communicating effectively to ensure that all areas of the service were being monitored; actions agreed, or roles and responsibilities clearly defined. For example, we highlighted concerns regarding the environment, which had not been identified, and areas of repair or refurbishment had not been carried out timeously. This increased risks for people living at the service. We discussed ways in which improved communication between the provider, manager and seniors could support improvement by agreeing action plans and ensuring that the manager had a clear overview of the whole service. **(See requirement 1).**

A previous concern at our last inspection to ensure that management roles and areas of responsibility were clearly defined, had not progressed as expected. This was due to some of the team leaving the service, and new seniors starting who were in the process of onboarding in the service. New seniors needed more time to fully understand their areas of responsibility, and communication between the management team needed to improve. A previous area of improvement has been continued to allow more time for this area to be developed.

**See area for improvement 1).**

## Requirements

1. By 30 January 2025, in order to improve outcomes for people, the provider must develop and implement effective systems for assuring the quality of the service. To achieve this the provider must review and develop quality assurance processes which should be based on people's experiences.

This should include but is not limited to:

- a) Develop processes for people and stakeholders to feedback about the service.
- b) Include plans of how the provider and management team will evaluate and monitor the quality of the service.
- c) Include formal auditing and monitoring all areas of the service provided to evidence that the standards set out in the plan are met.
- d) Relevant staff should receive training in quality assurance procedures and be able to demonstrate an understanding of how these can be used to assure the quality of the service.
- e) That managers regularly review quality assurance plans to monitor and promote progress.

**This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - requirement for the health and welfare of service users.**

**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).**

## Areas for improvement

1. 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).**

## How good is our staff team?

**5 - Very Good**

We evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

Staff worked well together as a team and were visible in the home. Staff told us 'Teamwork is good' and 'We communicate and work well together'. Relatives told us 'The staff are very friendly and supportive' and 'The staff are a nice group, and mum thinks the girls are really nice'. People were reassured and confident that staff were looking after their loved one in a caring and supportive manner.

Staff supervision had improved. Staff told us, 'It's better with the supervision happening more frequently' and 'I feel supported in my role'. As a result, staff morale had improved, and staff had opportunities to

express their views and wishes. There were also opportunities for staff professional development, and their registration requirements to be discussed.

The service had introduced a wellbeing box where staff chose cards to reflect how their shift had been that day. Staff were also able to write comments anonymously, which provided opportunities for staff to express how they felt after each shift. The management collated this information each month and this enabled them to support staff and identify any areas for improvement. Staff told us this had been a positive development in the home.

People's dependencies informed staffing levels. The service was fully staffed at the time of inspection and therefore when changes in dependencies were noted, staffing was flexed to ensure the right level of support was in place. The service was not using agency staff, and this meant that people were cared for more consistently, with a staff team who, overall, knew them well.

Staff training compliance was at a satisfactory level, with good management oversight. Processes were in place to ensure that staff maintained their mandatory learning and development requirements and attended a variety of different training sessions each month. Staff received observations of practice, such as moving and handling and handwashing, and their knowledge and understanding of training had been tested to ensure this was translated into practice. This meant that people could be confident that staff were able to put training into practice to keep people safe.

Training sessions were also used as staff meetings where they could voice their opinions, views and concerns. The manager currently did not have action plans in place following these sessions, and we discussed how developing these would evidence how managers had responded to staff concerns or suggestions, and how these had led to improvements.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". New staff had been interviewed with employment references and protection of vulnerable group checks being undertaken prior to employment. People could be confident that new staff had been recruited safely and that recruitment processes were robust.

## How good is our setting?

### 3 - Adequate

We assessed this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

The entrance area of the home did not smell fresh or clean. We discussed this with the manager who was aware of this issue and advised that further investigation into this problem, was ongoing. We will follow this up at our next inspection.

The overall presentation of the home was that it was cluttered, with some areas in need of repair, such as carpets and furniture. For example, some carpets and areas of flooring had been taped, and were clearly worn, and some furniture had damaged and worn areas. This meant that these areas were difficult to keep clean, and increased the risk of cross contamination. We found that some duvets were hanging over furniture at top of stairs, which created additional hazards such as in the event of emergency evacuations of

the building. **(See requirement 1).**

The lighting in some areas of the home such as the main corridor was low, and increased risks for people living with dementia, or visual and sensory impairments. Low lighting also presented difficulties for staff working in these areas. We discussed this with the provider who agreed to review these areas.

Routine maintenance such as fire, gas and electric safety checks were up to date, and table top staff fire training had been carried out.

Some routine repairs such as repairs of extractor fans in en-suite toilets and toilet seat replacement had not been carried out timeously and/or were still outstanding at the time of our inspection. People's bedrooms were personalised with their own pictures and furniture, which made them feel homely. However, some bedroom areas required repainting and upgrading. For example, some rooms had torn or damaged paper boarders and others had peeling door coverings. This increased risk of injury or cross contamination, and made these areas more difficult to keep clean. **(See requirement 1).**

Although there were lounge areas for people to enjoy, there was a lack of comfortable seating in the main sitting area for everyone. We were told, 'I can't get a comfy seat in the lounge area as there is not enough for everyone and I have to sit on a hard seat in the dining area. There's nowhere else to go apart from my room'. This meant people were restricted to where they were able to spend time in comfort, which did not promote dignity or respect for people's wishes.

Cleaning schedules were in place and were up to date. However, many areas were cluttered and in need of repair, which made cleaning of these areas more difficult. For example, sealant needing to be replaced around the sink, and flooring in one of the main bathrooms was worn and had not been cleaned to an acceptable standard. The domestic services room and cleaning trolley were not clean enough, which included the mop bucket and bottles of cleaning fluids. The flooring in this area was also damaged, which collectively, placed people at risk of infection and potential harm. **(See requirement 1).**

People had access to outside spaces in a pleasant garden area to the front of the property. This area had recently been improved and was an enclosed, sunny area with rose bushes and seating areas for people to enjoy.

## Requirements

1. By 30 January 2025, the provider must ensure the home environment, fixtures and fittings are in a good state of repair to ensure that people experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.

This should include but is not limited to:

- a) Manager daily walk rounds should identify areas for improvement and ensure that processes are in place to ensure all repairs and essential maintenance are carried out timeously.
- b) The management team should ensure that a maintenance plan is put into place to ensure that priority areas are agreed and carried out.
- c) Where there are unavoidable delays in repairs or planned maintenance, there should be a risk assessment in place to ensure people's safety and comfort are maintained, and risk minimised.
- d) Cleaning products should be clearly labelled and expiration dates noted.



e) Cleaning equipment is kept clean and cleaning processes are managed in line with 'National Infection Prevention and Control Manual, Care Home Infection Prevention and Control Manual (CH IPCM) guidance. <https://www.nipcm.scot.nhs.uk/care-home-infection-prevention-and-control-manual-ch-ipcm/>

**This is to comply with regulations 4 (1) (a) Welfare of Users 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 experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).**

## How well is our care and support planned?

**5 - Very Good**

We evaluated this key question as very good. An evaluation of very good applies to performance that demonstrates major strengths in supporting positive outcomes for people.

People's care and support needs were clearly described in care plans which also contained a range of monitoring processes to support people's health and wellbeing. These included food and fluid balance charts and regular weight checks. These assessments helped to identify where further guidance was required from other health professionals and we saw that this guidance had been sought where necessary.

There was good involvement of peripatetic professionals in people's care and support plans. Staff were responsive to changes in people's health needs, and we could see that people were referred appropriately and promptly to other professionals when their needs changed. For example, where concerns about weight loss or falls were noted; referrals had been requested of dieticians and /or the falls clinic, and changes and updates made to their care and support plans. We saw very good outcomes for residents whose health had made significant improvements since moving to the service, which had resulted in increased well-being and independence. This meant that the service worked well with other professionals to ensure the right support was put in place at the right time to improve people's health outcomes.

We found that some people had been put on fluid charts who did not need them. These had not been completed properly due to people being able to independently access their own fluids. We discussed with the manager the importance of only completing monitoring documentation when concerns had been identified, to ensure that staff time was not taken up with unnecessary and additional care documentation.

Legal powers were documented in people's care plans, such as power of attorney (POA), adults with incapacity (AWI) and (Do not attempt cardiopulmonary resuscitation) DNACPR certificates. This meant that staff were aware of who to consult on behalf of residents who lacked capacity to ensure they were protected, and to ensure that their rights were upheld.

Senior staff ensured that people had received six monthly reviews of their care and support, which meant that they had opportunities to review their support and make changes if needed. People's families told us that they had been invited to reviews and felt able to contribute to these meetings to support people's outcomes. We heard and observed that staff maintained contact with relatives when there were concerns or changes in people's condition, which reassured relatives that they were kept up to date with relevant changes.

Detailed risk assessments were in place for people where required, however, the electronic care planning system meant that it was not easy to see how discussions with other professionals had been included in decisions about changes in these assessments. We discussed how this information could be made more easily available to ensure that this guidance was clearly evidenced and documented.

## 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 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).

This area for improvement was made on 17 January 2024.

#### Action taken since then

Support plans sampled, evidenced that these were reviewed at six-month intervals, including those undertaken by the local authority. There was good evidence of positive outcomes for people and involvement of significant others within the review process.

This area for improvement is met.

#### Previous area for improvement 2

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'.

This area for improvement was made on 17 January 2024.

#### Action taken since then

Staff supervision had increased and was being carried out at regular intervals. Staff told us that they were well supported, and had received relevant training for their roles. Managers ensured that staff attended their

training updates, and carried out observations of staff practice to ensure that they were maintaining their knowledge and skills.

**This area for improvement is met.**

## Previous area for improvement 3

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)**

**This area for improvement was made on 17 January 2024.**

### Action taken since then

There had not been adequate progress in this area. The service did not have a development plan in place and management oversight was inconsistent across the service. There were no formal processes for people and relatives to feedback about the service at the time of this inspection, and some concerns identified in this inspection had not been addressed.

**This area for improvement was not met and had been restated as a requirement.**

**See requirement one in the section of the report, How good is our leadership.**

## Previous area for improvement 4

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).**

**This area for improvement was made on 17 January 2024.**

### Action taken since then

Some work had progressed to address this area, however, changes in the management team, including one deputy leaving the service, had led to some delays. One deputy and the manager were managing most of the core support plan audits and were in the process of supporting senior staff to support these activities. Recruitment of an additional deputy was in progress to support the management team. As a result of recent changes, we found that responsibilities were not clearly defined or established. We have continued this AFI to allow the service more time to develop this area.

This area for improvement is not met and is continued.

#### Previous area for improvement 5

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).

This area for improvement was made on 17 January 2024.

#### Action taken since then

Accidents and incident reporting had been carried out in accordance with Care Inspectorate guidance, 'Records all services excluding Child Minders must keep and notification reporting guidance.'

This area for improvement is met.

## 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?	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?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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