

# St Serfs Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 November 2024

**Service provided by:**  
St Serfs Care Home Ltd

**Service provider number:**  
SP2010010981

**Service no:**  
CS2010251669

## About the service

St Serfs is a Care Home for older people situated in a residential area of Newport-on-Tay, close to transport links, shops and community services. The service is operated by Acre Care Homes. The service provides residential care for up to 24 people.

The service provides accommodation over two floors in single bedrooms, (two doubles are available for people with established relationships), each with en-suite toilet and wash hand basin. There are two sitting rooms and a dining room. There is access to a garden.

## About the inspection

This was an unannounced which took place on 25 and 26 November 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 three people using the service and one family member
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- We made 5 requirements at the last inspection. Two of the requirements had been met satisfactorily by this inspection.
- The service could now demonstrate that people were receiving adequate drinks. People at risk of dehydration were having their fluid intake monitored and reviewed.
- Improvements had been made to care plans.
- Staff were trained to carry out their role and a training plan was in place.
- Medication management and administration needed 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?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

2 - Weak

We made an evaluation of weak for this key question. While some strengths could be identified, these were compromised by significant weaknesses. As the service is performing at a weak level, we are concerned about the welfare, health and safety of people.

A requirement was made at the last inspection about safe medication systems. Our findings at this inspection were that this requirement was unmet.

We found that people were not always receiving their medication as prescribed. A few medication administration records were blank where a person should have received their medication, this meant that either they had not received their medication or that staff had not recorded giving it.

Where some people were prescribed as required medication to support them when experiencing stress or distress, these were given on a regular basis. This meant that they were receiving medication when they may not require it. Staff must monitor where as required medications are given to ensure that they had been effective in relieving symptoms. In most instances where as required medication was given there were no records to show that people had been monitored for effectiveness. This could mean that people experience continuing symptoms.

Some people were prescribed more than one medication for the same health issue or a choice of dosage. Protocols for giving as required medications did not provide adequate guidance to staff about when and how to decide dosage of some medications and when to administer them. The safe administration of medications is important to help people maintain their wellbeing.

We sampled stock of controlled medications and found that this was not being managed safely. There were discrepancies in stock levels and recording errors where staff had checked medication stock. It is important to keep accurate records of medication to ensure that medication is available when needed and managed safely.

Medication being received into the home and that awaiting return to the pharmacy was now being stored in locked cabinets. However, we reminded the service that food thickening powders needed to be securely stored when not in use. This is to reduce risk of vulnerable people.

An amended requirement is made.

### Requirements

1. By 10 January 2025, the provider must ensure that service users are safe from harm by administering medication safely and effectively. To do this, the provider must, at a minimum:
  - a) Ensure that people receive their medication as prescribed.
  - b) Ensure that medication administration records are completed accurately.
  - c) Ensure that medication protocols are in place for all as required medication and detail when each medication is to be given.
  - d) Ensure that medication is stored securely at all times.

e) Ensure that controlled drugs are recorded and managed safely.

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

### How good is our leadership? 3 - Adequate

We did not examine this key question during this inspection and therefore the previous evaluation remains the same.

### How good is our staff team? 3 - Adequate

We did not examine this key question during this inspection and therefore the previous evaluation remains the same.

### How good is our setting? 3 - Adequate

We did not examine this key question during this inspection and therefore the previous evaluation remains the same.

### How well is our care and support planned? 3 - Adequate

We did not examine this key question during this inspection and therefore the previous evaluation remains the same.

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

### Requirements

#### Requirement 1

By 14 October 2024, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must, at a minimum:

- a) Ensure a record of the daily target fluid intake for the person is kept where there is an identified need.
- b) Ensure staff awareness, skills and knowledge of people's fluid intake needs and how these needs should be met.
- c) Ensure details of the action to be taken if their intake could impact on good health outcomes are kept.
- d) Ensure that all monitoring of residents and support to residents is carried out timeously, in line with their identified needs.

This is to comply with Regulation 4(1)(a), (b) and Regulation 4(2) 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, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS) 1.23

**This requirement was made on 2 August 2024.**

#### Action taken on previous requirement

Accurate records were now being kept on fluid intake for people where there was a need identified. This included a target of fluid needed, that people had been offered and of what they had drunk. These records showed that people had been offered adequate fluids.

Staff demonstrated that they understood the importance of keeping good records and the reasons for this. The reasons that people's fluid intake was being monitored was recorded in nutrition plans. This ensured that people were well hydrated.

This requirement is met.

**Met - within timescales**

## Requirement 2

By 14 October 2024, the provider must ensure that service users are safe from harm by administering medication safely and effectively. To do this, the provider must, at a minimum:

- a) Ensure that people receive their medication as prescribed.
- b) Ensure that medication administration records are completed accurately.
- c) Ensure that medication protocols are in place for all as required medication and detail when each medication is to be given.
- d) Ensure that medication is stored securely at all times.
- e) Ensure a competent system for the ordering of medication and ensure medication no longer required is returned to the pharmacy timeously.

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

**This requirement was made on 2 August 2024.**

### Action taken on previous requirement

This requirement is not met. Please see Key Question 1 for details of our findings. An amended requirement is made.

**Not met**

## Requirement 3

By 14 October 2024, you must ensure that service users experience a service which is well led and managed and which results in better outcomes for people, through a culture of continuous improvement, with robust and transparent quality assurance processes.

This must include but is not limited to ensuring that:

- a) There is a quality assurance system in place to support a culture of continuous improvement.
- b) Effective action planning takes place within reasonable timescales, which addresses identified areas for improvement.
- c) That senior care staff with auditing/quality assurance responsibilities have the training and skills to carry these out.

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards

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

**This requirement was made on 2 August 2024.**

### Action taken on previous requirement

The service had a range of quality assurance audits in place. However, these were not leading to consistent improvements across the service.

Where audits were carried out these would identify some areas for improvement, however, these were not always addressed. This included health and Control of Substances Hazardous to Health (COSHH) safety checks for chemicals and safe storage of laundry cleaning products. Action plans were not in place to address who was responsible to address issues or to give timescales for completion.

As described in Key Question One a requirement about medication made in August 2024 was not met. The service had carried out a medication audit in August, however, no further detailed audit had been carried out since. Medication stock checks were carried out regularly by senior staff. This had not lead to identifying that people sometimes did not receive their medication. This meant that the systems in place were not robust enough to identify concerns in medication management.

This requirement is not met. An extension to the timescale was agreed to 14 March 2025.

### Not met

#### Requirement 4

By 14 October 2024, the provider must ensure that people experience a service with well trained and informed staff.

In particular, you must ensure that all staff receive training in line with the assessed needs of supported people.

This must include:

- a) Regular quality assurance checks, to demonstrate how the training received is being implemented in practice throughout the care service;
- b) Regular monitoring of staff practice, to provide assurance that staff practice is consistent with current good practice guidance;
- c) Providing regular staff supervision, to ensure their learning and development needs are assessed, reviewed and addressed; and
- d) Ensuring staff have access to up-to-date knowledge and best practice guidance, through access to regular team meetings.

This is in order to comply with Regulations 9, (2)(b) (fitness of employees) and 15, (b)(i)(staffing), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure 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 requirement was made on 2 August 2024.**

#### Action taken on previous requirement

During this inspection we found improvements in staff learning and development since the last inspection. A training plan had been developed which took account of the current needs of the people using the service. Staff had access to a range of learning and development opportunities which were provided by the organisation's in-house training systems, and professionals from the Care Home Liaison Team. Levels of completion across courses had improved and new staff completed an induction programme. The area manager monitored staff compliance in completing training and the home manager had commenced working with staff to evaluate the effectiveness of training and staff learning from this. This is important to ensure a skilled workforce who are able to support people living at St Serfs.

Supervision sessions had been established and staff had opportunities to discuss learning from the training and to identify further training needs. This was in the early stages of development. Responsibilities for supervision support was being devolved to senior staff. The leadership team acknowledged that senior staff may need support to carry out this role effectively.

This requirement is met.

#### Met - within timescales

### Requirement 5

By 14 October 2024, you must ensure that service users' health, safety and wellbeing needs are being accurately assessed, documented, met, and are effectively communicated between all relevant staff.

In particular you must:

- a) Ensure that all service users' have a full care plan within 28 days of using the service
- b) Assess and record service users' health, safety, and wellbeing needs within their care plan taking account of their choices and preferences.
- c) Ensure that any risks to a service user's health, safety or wellbeing are identified, managed, and clearly recorded as part of the care planning process and that they are protected from harm.
- d) Ensure that each service user's health and wellbeing is consistently monitored and evaluated to inform the level of care required.

This should include, but need not be limited to including, the recording of a service user's food and fluid intake and health assessments.

This is in order to comply with regulations 3, 4(1)(a), and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

**This requirement was made on 2 August 2024.**

## Action taken on previous requirement

Care plans were now in place for all people using the service. These provide an adequate overview of people's support needs. Health assessments were carried out timeously and where needed a care plan was developed. This meant that staff had relevant information about how to support people safely.

Good progress was being made to develop the plans in a person centred way, reflecting peoples needs and wishes. Some plans still needed further information to ensure aspects such as peoples preferences, likes and dislikes, interests were fully recorded. This had been identified by the leadership team and progressed.

This requirement is met.

**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

1. In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes. The provider should also consider people's access to and use of outdoor space in a way that promote independence.

This is 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 "If I live in a care home I can use the private garden" (HSCS) 5.23 and I, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

**This area for improvement was made on 2 August 2024.**

#### Action taken since then

A new activity co-ordinator was employed for 15 hours weekly across five days. They were working with people to find their interests. Feedback from people was that they wanted age appropriate activities. We saw that this was in early stages of planning and development. This had included themed discussions about local interests such as the history of Dundee. Early developments were in place to form a 'History Group' to look at the history of St Serfs over the years.

This area for improvement is met.

#### Previous area for improvement 2

The provider should ensure that people can regularly, freely, and safely access outdoor space to maintain their health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access parts of the premises, I use and the environment has been designed to promote this' (HSCS 5.11) and 'If I live in a care home, I can use a private garden' (HSCS 5.23)

**This area for improvement was made on 2 August 2024.**

#### Action taken since then

No progress had been made to this area for improvement. The manager discussed that there were plans to address this in early spring 2025. It is important to ensure people have opportunities to enjoy the outdoors. St Serfs has expansive grounds which could benefit people well. Progress will be followed up at the next inspection.

This area for improvement is not 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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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