

St. Anne's Care Home Care Home Service

Windsor Gardens
Musselburgh
EH21 7LP

Telephone: 01316 655 591

Type of inspection:
Unannounced

Completed on:
13 December 2024

Service provided by:
Sisters Of Charity Of St Paul The
Apostle

Service provider number:
SP2003002635

Service no:
CS2003011184

About the service

St. Anne's Care Home service is registered with the Care Inspectorate to provide care for up to 37 older people. The service provider is The Sisters of Charity of St. Paul The Apostle.

The home is situated in a quiet residential area of Musselburgh in East Lothian. The building has three storeys with the care home facilities and all residents' accommodation located on the ground floor. The home is close to bus routes giving access to Edinburgh, East Lothian and Midlothian.

The home provides accommodation in single rooms, some with en-suite facilities. A lounge and dining room are located in a central area within the home. There is a hairdressing salon and a variety of additional seating areas around the home. The building also houses a chapel for people experiencing care to use.

At the time of the inspection there were 36 people experiencing care in St. Anne's Care Home.

About the inspection

This was a full inspection which took place from 05 December 2024 to 06 December 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 members
- spoke with 11 members of staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service demonstrated very good practice in supporting people to achieve their wellbeing outcomes.
- People experienced warm and gentle care from staff who knew them well.
- People's wellbeing benefitted from regular activity.
- Family members commented favourably about the care their loved ones received.
- Staffing levels were right and staff worked well together which benefitted people experiencing care.

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 staff team?	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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

People experienced very good health and wellbeing outcomes as a result of their care and support. Staff interactions with people experiencing care were warm, gentle and encouraging. Staff treated people with dignity and respect and were focussed on achieving the best possible outcomes for the people they were caring for. Care was delivered at a pace suitable for each person. Staff spent time speaking to people and knew people's history and interests. This meant that trusting relationships were formed between people and the staff who cared for them.

People experiencing care put ideas forward for improvements by participating in surveys. This demonstrated that people's input was valued and respected. Relatives we spoke with felt that along with their loved ones, they too were treated with compassion, dignity and respect. One family member told us:

"I'm on first name terms with the staff. I get a 'good morning' from them all. We have a very good relationship".

People were able to leave the home to spend time with people who were important to them. Family members were free to visit their loved ones at a time of their choosing and we saw a high number of people receiving visitors during the inspection. Staff understood the importance of people maintaining contact with friends and relatives. This approach promoted positive wellbeing for people.

The provision of activities in the home was very good. We observed skilled activity staff carrying out events that people enjoyed. Relationships between people experiencing care were developed as a result of well provided activities. Activity schedules evidenced a wide range of activities provided in the home, including regular physical activity and visits from entertainers and therapeutic animals. People's wellbeing was enhanced by the provision of regular and varied activities. One relative commented:

"they always make the offer. They make it accessible to (my relative). They have a variety of activities. (My relative) enjoys the entertainers - the singers, musicians and therapy pets".

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

Medication systems were very good. Systems for the administration of medication were in place and processes were regularly audited with clear plans in place when issues were identified. Areas for storing medication were clean and tidy. This good practice helped reduce errors and kept people well as a result.

A range of charts were in place to ensure people's health and wellbeing was continuously monitored. Communication systems including regular handovers and clinical meetings focussed on people's wellbeing. These resulted in actions being taken to support people's wellbeing. Relatives we spoke with told us they were kept up to date regarding their loved ones. This evidenced that staff were aware of the current needs of the people they cared for.

People's requirements for eating and drinking were being met. People had ready access to snacks and fluids. The dining experience was well planned with systems in place to ensure those who required assistance had a positive experience. Kitchen staff were knowledgeable about people's nutritional needs. People's health and wellbeing benefitted from the provision of high quality food. We suggested implementing systems that would allow for people experiencing care to directly influence the provision of meals. The service immediately added this to their service improvement plan.

Health and social care professionals we spoke with praised the service for their work in caring for people and how this helped people remain well. One professional commented:

"they are a fantastic care home. They support the residents in every way possible. They are so attentive. Any concerns they will reach out and ask for support. They aim to please the residents to such an extent."

Risk assessments in place demonstrated an enabling approach from staff to promote people's independence. Reviews of people's care and support were regular and involved people who were important to those experiencing care. Detailed personal plans guided staff on how to deliver care that met people's needs. People's wellbeing was supported by a range of quality assurance processes which ensured people continued to receive a high quality service. Relatives we spoke with were comforted by the fact their loved ones had a positive experience in the home. One family member told us:

"I have peace of mind with (my relative) being here. I have great confidence in (the manager) and the team".

How good is our staff team?

5 - Very Good

We found significant strengths in relation to staffing, which supported positive outcomes for people. We evaluated the performance of the service under this key question as very good.

Strong recruitment process were in place to reduce the risk to people experiencing care. The induction process and probationary period meant that staff were regularly assessed to make sure they were appropriately trained to begin providing effective care.

Staff completed training relevant to their roles. Training records showed that mandatory training was up to date for all staff and systems were in place to monitor when updates were due. All staff, including non-care staff, had completed dementia training. Care staff had completed additional training which allowed them to experience a simulation of what it may be like to live with dementia. This enhanced staff's ability to support people living with dementia.

Staff shared that they felt well equipped to do their job and were encouraged to develop within their roles. Some staff had completed "train the trainer" courses, allowing them to share their knowledge and support others with mandatory training. This provided opportunities for staff to develop within the service, helping with staff retention and therefore allowing people experiencing care to be supported by staff they knew.

Rotas were in place which showed that staffing levels were very good. There was an appropriate mix of staff skills on each shift. Staff shared that, whenever possible, shift patterns were flexible which supported a positive work / life balance for staff. Staff worked as one large team across the home, providing consistency for people experiencing care.

People experiencing care told us that staffing was consistent and that they mostly have staff they know supporting them. This has allowed people to develop relationships with staff. People experiencing care commented positively on their relationships with staff, with one person referring to staff as "wonderful". Relatives also shared positive comments regarding the staffing of the service. One family member commented:

"it is like a big family here. You see them working hard. There's the odd agency staff but the biggest number are regular staff. I see the same faces all the time and I think that is important. People who have dementia need stability and recognisable faces".

Staff engaged in regular supervision, with leaders supporting staff to identify any training required to aid development. Staff shared that they felt supported and that supervision was a place where they could speak openly. During supervision, staff felt able to share ideas, concerns or anything in their personal lives that may affect their work. This resulted in staff feeling valued and supported.

Staff attended regular team meetings. Meeting minutes evidenced that staff were encouraged to voice their opinions and suggest areas for improvement. Examples of positive work were shared during meetings, as well as reflecting on where things hadn't gone so well. This helped create a culture of transparency with a focus on service improvement.

During inspection, we observed staff interactions with people. Staff were kind, respectful and adapted their approach according to the person and situation. People experiencing care told us they felt safe due to the presence of staff. One person commented:

"if you need someone they come quickly. We just press our buzzers if we need someone. People come round a lot to make sure we are OK. When I wasn't well, they came in more often to keep a good eye on me. They made me feel safe".

Staff told us they felt supported, well equipped to do their jobs, and were happy with their shift patterns. Staff demonstrated strong caring values during conversations with us, with two staff members commenting:

"we are like one big family" and "it's a privilege to be able to work with these people".

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 support consistently good outcomes for people experiencing care, the provider should continue to complete the care planning work which is underway. In order to achieve this:

- Staff should ensure care plans are regularly reviewed, evaluated and updated involving relevant professionals and take account of best practice and their own individual preferences and wishes. It should be clear in the care records what care is being given and if the planned care is working.
- Staff should support residents to live well right to the end of life by discussing, recording and making it clear to others what is important to each resident and their wishes for the future.

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

'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7),

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 19 August 2021.

Action taken since then

We focused on three people's personal plans over the course of the inspection. Personal plans were up to date and were an accurate reflection of the people we had spent time with. Leaders audited personal plans and where information was missing or needed to be updated, this was noted along with follow-on actions, and later signed off as completed.

We looked at four recent reviews of people's care needs. Reviews showed very good discussion about care given and whether this was helping people to achieve their desired outcomes. Meeting minutes evidenced that people had the opportunity to be involved in their own reviews, along with relatives and others who were important to them and relevant professionals.

End-of life wishes were being discussed with people experiencing care and their representatives. These discussions were recorded in people's personal plans.

This area for improvement has been fully 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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