

Holy Rosary Care Home Care Home Service

Holy Rosary Residence
44 Union Street
Greenock
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Telephone: 01475 722 465

Type of inspection:
Unannounced

Completed on:
21 January 2025

Service provided by:
Little Sisters of the Poor Greenock a
Scottish Charitable Incorporated
Organisation

Service provider number:
SP2017013024

Service no:
CS2017362463

About the service

Holy Rosary Care Home is a service for older people situated in a residential area of Greenock. The care home is close to transport links, shops and community services. The service provides nursing and residential care for up to 28 people. There were 19 people living in the home at the time of inspection.

The service provides accommodation on an upper floor, in single bedrooms, all with ensuite facilities. There are smaller lounges and dining areas available for residents. Downstairs there is a large dining room, library, tearoom, computer room, shop, physiotherapy room and a chapel. These facilities are shared with the people who live in the flats attached to the care home (the flats are a separate registered support service). There is a large well-tended garden and outside space which is not fully secure.

About the inspection

This was an unannounced inspection which took place on 14, 15, 16 and 20 January 2025 between the hours of 09:00 and 20:30. 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:

- five people using the service and four of their relatives
- ten staff and management
- three visiting professionals

We also took into account feedback received from 24 Care Inspectorate surveys, observed practice and daily life and reviewed documents.

Key messages

- People benefitted from support which was provided by familiar and consistent staff.
- People were supported well with their nutritional needs.
- Improvement is needed to ensure people do not experience delays in their care.
- Leaders had good oversight of the service.
- People enjoyed an environment where freedom of movement was promoted.
- Improvement must be made to ensure people are kept safe and protected in the event of a fire.

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?	4 - Good
How good is our setting?	3 - Adequate
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 the strengths of the service had led to positive outcomes for people, which clearly outweighed areas for improvement.

The atmosphere of the service was friendly, calm and comfortable. Family members told us they were made to feel welcome when visiting their relative. People and their families spoke positively about decisions to move to the service and the support provided. Comments included:

"It's not home but it's my home, they've adapted to meet my needs".

"Moving here was the best decision I made".

"I think the staff are great, they are very caring and know how to meet my mother's needs".

A range of assessment and screening tools were used well to monitor and promote people's health and wellbeing in areas such as skin health and wound care. The service benefitted from regular input from external health professionals, including Community Nurses, Podiatry, Physiotherapist and Dieticians. This enabled the service to escalate concerns about people's health and take action to ensure people remained safe and well.

Staff meetings took place at each shift change to ensure essential information was communicated and known about people's needs. We observed information being shared verbally which was holistic and detailed and included updates about people's support needs. However, we were made aware of examples when changes in some people's needs were not documented or communicated to other staff effectively. This had contributed to some people experiencing a delay in their health care needs being met. **See area for an improvement 1.**

People were supported well by staff who had good knowledge of their nutritional needs. Individual preferences, likes and dislikes as well as mealtime support was well documented and known. Meals offered were nutritious, well presented and plentiful. People were complimentary about the food on offer and told us there is always something on offer that they enjoy. Where the service identified concerns in relation to individuals at risk of weight loss and poor nutrition, advice had been sought from Dieticians. This included the promotion of calorific and high fat meals to support weight gain.

People who live in the service have the option of having their meals in the smaller dining room on the care floor or in the large dining area on the lower floor of the building. It is important that when people choose to have their meals in the larger dining room, consideration is given to the level of risk this may pose to ensure their safety. For example, where people are at risk of choking or experiencing falls. The appropriate level of supervision and support should be provided from staff who have the knowledge and skills to meet their needs safely. **See area for improvement 2.**

Hydration stations were available to people who were able to access drinks independently and we saw other people being offered fluids throughout the day. Some people required monitoring to ensure they remained hydrated. Where this was an assessed need, fluid charts were in place to document how much fluids people were offered and how much they had drunk. This reduced the risk of people becoming dehydrated. During the inspection we highlighted fluid recordings which staff were documenting both on paper and electronically. This meant it may be difficult to clearly track and monitor people's fluid intake.

Leaders had identified this was an area for improvement prior to the inspection and we were assured that these issues were being addressed.

There was a range of both in-house and external activities on offer to people who lived in the service. We heard about people accessing the community to go to the local football club, cinema trips, garden centres and one-to-one shopping trips. Families spoke positively about how the activities on offer improved their relative's wellbeing. There was a strong focus in the service to promote movement and exercise to help people maintain and build on their strength and balance. This had led to some positive outcomes for people who told us that the service had helped them to achieve an important goal and regain confidence with their mobility.

Areas for improvement

1. To ensure that people have responsive and effective support, the provider should ensure information about people's changing needs and daily support is clearly documented and communicated to staff. This includes essential information that is shared at shift changeover times.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event (HSCS 4.14)" and "My care and support is consistent and stable because people work together well (HSCS 3.19)".

2. To ensure that people are kept safe and protected, the provider should make sure that the appropriate level of supervision and support is available to people at mealtimes. Support should be available from staff who have knowledge of people's needs, associated risks, and who have the skills and training to provide their assessed support.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21) and "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (HSCS 1.34).

How good is our leadership?

4 - Good

We evaluated this key question as good. The leadership in the service helped to ensure people had good quality care and experiences. The improvements outlined in this section of the report should seek to enable a continued focus on developing the service.

Staff spoke positively about leaders being supportive and available to provide advice and support. People's families told us that if they had a concern about their family member, that they were listened to by leaders. Most people we heard from said that they had confidence in the leadership of the service.

We saw evidence of some concerns about the service documented, some of which included the actions taken by leaders to address the issues raised. However, the provider's concerns and complaints policy had not been fully followed. This is important to ensure when people raise concerns or complaints, they can be assured by the process and any subsequent investigation and actions taken.

This should be clearly documented and formalised in line with the current policy. **See area for improvement 1.**

Systems were in place to monitor staff training compliance, competencies and support to gain qualifications to promote their personal development and adhere to their professional registration with the Scottish Social Services Council (SSSC) or Nursing and Midwifery Council (NMC).

Quality assurance systems demonstrated management oversight in areas such as the environment, health monitoring and medication. Audits revealed a need to reduce medication errors and enhance staff practices. A recent external audit completed by the pharmacy commended leaders on improvements made to medication management systems. This ensured that people were protected by safe and effective medication procedures.

A comprehensive improvement plan was in place which is active and demonstrated where improvements have been identified, action taken and where these were ongoing. Stakeholder feedback was promoted through surveys, residents' and relatives' meetings. Information with updates about the service was shared via newsletters to families. This meant that people and their families had an opportunity to have their say about the service. We advised leaders to ensure that stakeholder feedback was reflected in the service improvement plan. This is important to measure how people's views are recognised and influence the development of the service.

Areas for improvement

1. To ensure that people have positive experiences and outcomes, the provider should ensure complaints are being handled, recorded and resolved in a transparent and professional manner, in line with company policy. This is to ensure that when people have a concern or complaint about the service, they can be assured this will be dealt with in a fair and consistent manner.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me" (HSCS 4.21) and "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

How good is our staff team?

4 - Good

We evaluated this key question as good, as people had experienced positive outcomes from their care and support, which outweighed the areas for improvement.

People were supported by a consistent and stable staff team, which meant that staff were familiar and aware of people's needs. We observed interactions that were caring, respectful and sensitive, in particular where some people were nearing end of life care. This included counselling support and spiritual guidance, as well as providing accommodation to families, to ensure people had their loved ones with them at the end of their life. We were able to measure the impact and support this had provided families by sampling the many compliments the service had received.

There was a good mix of staff skillset on shift throughout the day to ensure that guidance and leadership was available for care staff and people had responsive care. Leaders had considered people's needs to ensure staff provision was safe and effective.

This had taken account of changes in people's assessed care needs, which included increases in support with mobility, continence and end of life care.

Staff told us that morale had improved in the service and most staff we spoke with were clear on their roles and responsibilities. Regular team meetings were taking place for staff in various roles. Communication appeared to be a re-occurring theme in the minutes of staff team meetings sampled and during our discussion with staff. We discussed the benefits of bringing staff together who have different roles in the home to share knowledge, understanding and promote better teamwork. This was taken on board by the manager of the service who was eager to enhance staff working relationships to benefit the people supported.

The training coordinator in the service had recently completed accredited moving and handling practical training and had recently delivered this in-house to other staff. This was identified as a need following some concerns in relation to staff practice. It is important to carry out regular observations of staff to ensure they are following safe and effective manual handling practice. We discussed ways in which this could be achieved with leaders in the service. This would highlight and enable leaders to address any practice concerns with individual staff to ensure people were not at risk of harm.

Staff had completed mandatory training both online and face to face in a range of areas including Infection Prevention and Control, Health and Safety, Food Safety, Nutritional Support and Medication. Person specific training was also completed in areas such as Dementia awareness and where people may experience stress and distress. Training compliance was high and demonstrated that staff had the appropriate skills and knowledge to support people with their assessed needs. Staff had completed Safeguarding training to help identify when people may be at risk of harm and abuse, however the course content did not include Scottish Adult Support and Protection legislation. We were assured by our discussions with some staff that they had knowledge of the types of risks and harm vulnerable people may be exposed to. However, It is important that staff are aware of the relevant legislation and guidance to follow to protect people from harm. **See area for improvement 1.**

Areas for improvement

1. To ensure that people using the service are protected as far as possible from potential harm, the provider should ensure all staff undertake Adult Support and Protection training (ASP) relevant to their job roles and responsibilities. Training provided should be in accordance with the Adult Support and Protection Scotland (Act) 2007.

This is to ensure that the quality of staff 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?

3 - Adequate

We evaluated this key question as adequate, where strengths were only just outweighed by the improvements required and the risks to people.

The care home was warm and comfortable and people's rooms were personalised with their own belongings. The home was fresh and clean and free from malodours. Cleaning processes were robust and effective to ensure people were protected from risk of infection.

Positive risk taking was promoted in relation to people mobilising around the home freely with mobility aids, where it was safe to do so. We saw people occupying and moving across various areas in the home such as the upper and lower dining rooms, activities area, library, attending mass and occupying private areas of the home during visits from families/friends. Family members told us that they were pleased that their relative was able to enjoy time with visitors in areas other than their bedrooms. We saw families utilising a relatives' / residents' dining room which provided people with opportunities to share mealtimes with their visitors. This had contributed to people having meaningful connections and opportunities for social engagement.

The home was well maintained both internally and externally. External contractors were in place for equipment such as lifts, boilers, hoists, heating systems and electrical systems. People, their families and staff spoke positively about the new dementia garden which included raised planters to allow these to be accessible. We heard about future plans to utilise this area more in the spring and summer months.

The service had a recent inspection from the fire service which highlighted actions that were required to be taken in accordance with fire safety regulations. This included improvements around fire drills, evacuation plans, staff training and essential checks on fire doors to ensure these were effective to provide fire protection. We were unable to evidence where any actions had been taken to address these issues. Sampling of records further identified inadequacies in relation to fire safety due to noted gaps in daily, weekly and monthly fire checks. Staff told us that they were not confident about evacuation plans and this was also raised in staff meetings. We were concerned that staffing levels at night, were not sufficient to ensure people's safety in line with the current fire evacuation plans. Improvement must be made to ensure that people are safe and protected from avoidable risk in relation to fire safety. **See requirement 1.**

Requirements

1. By 30 March 2025, the provider must ensure that people are kept safe by having clear oversight and implementation of fire safety arrangements in the service. These must meet the requirements of the Practical Fire Safety Guidance For Existing Care Homes (Scottish Government, 2022).

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

- a) produce an action plan to address the risks identified in the Fire Service inspection report
- b) review the Fire Safety Risk assessment in line with organisational policy
- c) ensure all daily, weekly and monthly fire safety checks are carried out
- d) ensure evacuation procedures are clear, up-to-date and take account of risks in the environment and staffing levels throughout the day and night
- e) ensure all staff are given information, instruction and training on the actions to be taken in the event of a fire.

This is to comply with Regulation 10(1) and 10(2)(b) (Fitness of Premises) 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: "My environment is secure and safe" (HSCS 5.19).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where the strengths in relation to people's planned care and support outweighed the areas for improvement.

People's care plans contained person centred and outcome focused information, setting out their preferences, likes and dislikes. This ensured that support was tailored to people's individual needs and wishes. We identified areas of some people's care plan that contained inconsistent information about their support. For example, conflicting information about people's ability to mobilise independently or with support. People were supported by familiar and consistent staff who were aware of their support needs, which reduced risks to people. However, improvement should be made to ensure care plans contain accurate and up to date information to guide new or unfamiliar staff on how to provide safe and effective support.

See area for improvement 1.

Some care plans did not contain information about how people's future care needs would be met. Support provided to people towards the end of their life was a strength in the service. This was evident through our discussions with families, observations during the inspection and records of input from external health professionals. People were supported with sensitive, respectful and responsive care toward the end of their life. It is important, however, that every effort is made to ensure that people, their families and the views of others involved in people's care are clearly documented and known. The improvements needed have been captured in area for improvement 1.

The service had carried out six monthly reviews of people's care to determine whether their support was right for them. We heard from families who attended these meetings who told us they were able to contribute to their relatives' care plan. This is important particularly where people are not able to make decisions about their planned care.

We saw the involvement of external professionals in people's care such as Community Nurses, GPs, Dieticians and Speech and Language teams. This meant that the service recognised where input was required outwith their expertise and knowledge to meet people's changing needs.

Areas for improvement

1. To ensure people's current needs and future wishes are known, the provider should ensure that care plans contain up to date and accurate information. Information should be set out clearly and consistently to guide staff, including new and unfamiliar staff on how to deliver care safely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "My care and support is consistent and stable because people work together well" (HSCS 3.19) and "My personal plan is right for me because it sets out how my needs are to 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 30 March 2024, the provider must ensure that there is an effective system in place to ensure that they comply with their notification obligations as set out in the document entitled 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'. This includes, but is not limited to, ensuring that an appropriate number of senior staff members are authorised to make notifications within the expected time frame.

This is to comply with Regulation 21 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14).

This requirement was made on 24 January 2024.

Action taken on previous requirement

We sampled internal accidents and incidents. These confirmed that notifiable events were reported timeously and in accordance with 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

Access was made available for the registered manager, depute manager and human resources staff to complete essential notifications to ensure these were made effectively and without delay. Notifications made were detailed and included details about the actions taken by the service, which evidenced responsive care and support.

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 provider should ensure effective quality assurance systems are in place and underpinned by a culture of continuous improvement. The service improvement plan should continue to support developments, informed by a programme of audits, feedback, and other quality assurance activity.

This is to ensure that 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 24 January 2024.

Action taken since then

The provider had developed a robust suite of quality assurance audits which included medication management systems, environmental safety and cleanliness checks and monitoring records in relation to people's health care needs. Audits were carried out by leaders and senior staff and these demonstrated a good level of oversight of the service.

A service improvement plan was in place which provided a concise description of areas identified by the service for improvement. The plan highlighted where progress had been made and where further improvement work was ongoing. This demonstrated a positive ethos of continuous improvement.

This area for improvement has been met.

Previous area for improvement 2

Staff should be supported to reflect on their personal and professional development within their roles and identify any training needs they have. In order to achieve this the provider should:

- a) create a supervision and appraisal policy which provides clarity regarding the frequency and purpose of supervision and appraisals and share this with staff
- b) monitor that supervision and appraisals take place in line with the policy.

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 area for improvement was made on 24 January 2024.

Action taken since then

The service had carried out a review of the supervision and appraisal policy and documentation to ensure this followed a formal, consistent and supportive process. A supervision and appraisal tracker had been implemented to set out the frequency of these over the year and to monitor progress. Although it was positive to see progress has been made in this area, further improvement is required to ensure staff receive supervision and appraisals in line with the timescales set out across the year.

This area for improvement has not been met.

Previous area for improvement 3

People should be safe to wander within their home. To support this the provider should consider options available to make the home more secure, without imposing unnecessary restrictions. Options to consider should include; key pads and assistive technology, such as alarms or tracking devices, for example smart watches.

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 the parts of the premises I use, and the environment has been designed to promote this" and "My environment is secure and safe" (HSCS 5.19). This is also in keeping with best practice guidance from the Mental Welfare Commission for Scotland.

This area for improvement was made on 24 January 2024.

Action taken since then

All doors that lead to the lower floor of the building from the care floor had been alarmed and alert staff to people who may be at risk leaving the premises unsupervised. Alarms on doors can be de-activated by visitors to the service using a fob entry system to ensure freedom of movement. Lifts can be freely accessed by people who have the ability to do so independently to move between the care floor and lower floor. This ensures that people are not unnecessarily restricted. We saw people supported moving freely throughout the building during the inspection, which enabled people to remain independent as far as possible.

This area for improvement has been met.

Previous area for improvement 4

Orientation within the home should be supported with suitable dementia friendly signage. The provider should install appropriate signage around the home.

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 the parts of the premises I use and the environment has been designed to promote this" (HSCS 5.11).

This area for improvement was made on 24 January 2024.

Action taken since then

No further progress has been made in this area. We have signposted leaders to a guide to care home signage incorporating the use of dementia friendly signage to support wayfinding.

This area for improvement has not 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?	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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