

St. Rognvalds House Care Home Service

off Old Scapa Road
Kirkwall
KW15 1BB

Telephone: 01856 872 106

Type of inspection:
Unannounced

Completed on:
3 April 2025

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2003009102

About the service

St. Rognvalds House is registered to provide care for up to 44 older people. The provider of the service is Orkney Islands Council (OIC). The care home is located in the town of Kirkwall and is situated in large landscaped garden areas.

The accommodation is split into two units: St. Magnus' providing care for physically frail residents and St. Mary's providing care for those living with dementia. Each unit is split into wings which have single rooms, toilets, shower rooms and bathrooms. Twenty-eight bedrooms have en-suite facilities. There are also several sitting areas within the home, two dining areas, kitchens and laundry facilities and several offices for staff to use.

About the inspection

This was an unannounced, follow up inspection which took place between 2 and 3 April 2025.

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. This includes a monitoring visit undertaken by two inspectors on 6 March 2025.

In making our evaluations of the service we:

- spoke with six people using the service and one of their family;
- spoke with nine staff and management;
- spoke with one external professional;
- observed practice and daily life;
- reviewed documents.

Key messages

- A new interim manager and a dedicated improvement team had been appointed to support the service.
- Management oversight had improved.
- The staff team presented as motivated and were embracing change within the service.
- Two previous requirements have been met.
- Although some progress was made toward meeting the other four requirements, more time was required to fully meet these.

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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

We completed a follow up inspection to measure the action taken in response to an outstanding requirement relating to staff deployment within the service.

This requirement has been met. We have changed the evaluation for this key question from "weak" to "adequate".

Please see the section of this report entitled "What the service has done to meet any requirements made at or since the last inspection" for further information.

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

Requirements

Requirement 1

By 28 February 2025, people must be supported to experience care and support that is safe and right for them.

To do this the provider must, review and streamline care related documentation to ensure that:

a) Records used to record care and support given and evaluate people's health and wellbeing are accurately completed. This should include but is not limited to bowel activity, food and fluid intake and records of positional changes. This information must be used to evaluate the effectiveness of interventions at regular intervals throughout the day and direct staff on how to support people.

This is to comply with Regulation 4(1)(a) and Regulation 5(b)(i)(ii) and (iii) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that people's health benefits from their care and support and takes account of the Health and Social Care Standards (HSCS) which state: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

This requirement was made on 10 December 2024.

Action taken on previous requirement

The service had reviewed and revised the care related documentation used. This was now more streamlined and personalised. This allowed staff to monitor and record key aspects of individuals care and support including diet and fluid intake, positional changes and bowel activity. Although we identified improvement, we shared examples where food and fluid monitoring records required to be improved. It was unclear what actions had been taken when individuals had not met their expected target. We also found conflicting information in daily notes relating to what fluids individuals had been offered. We discussed with the management team the importance of checking these periodically during the day. The management team planned to include discussion about this during the newly introduced staff huddles. Improved oversight and communication would allow the staff the opportunity to offer additional timely support to individuals where needed.

This requirement has not been met. An extension has been agreed until 30 May 2025.

Not met

Requirement 2

By 28 February 2025, the provider should ensure that communication methods between staff does not impact on the experiences of those living in the care home.

To do this the provider must, at a minimum

a) Assess the impact of the use of radio devices on individual's experiences and review communication methods between staff, to ensure confidentiality and privacy is promoted.

This is to comply with Regulation 4(1)(a) (welfare of service 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 10 December 2024.

Action taken on previous requirement

Since the last inspection, the service had reviewed the use of the internal radio devices. Staff had been given clear direction on the appropriate use of radio devices. The communication between the staff team had improved. The management team had completed quality assurance audits to monitor the impact of the changes. During the inspection, we found that these were used much less than observed at the last inspection. Noise from these no longer intruded on people's experiences. We asked the service to further review the need for such devices prior to relocating to a new building later this year.

Met - outwith timescales

Requirement 3

By 28 February 2025, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

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

a) Routine and regular management audits are undertaken across all areas of the service.

b) Internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported.

c) Clear action plans with timescales are devised where deficits and/or areas for improvement have been identified.

d) Action plans are regularly reviewed and signed off as complete once achieved by an appropriate person.

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 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 requirement was made on 10 December 2024.

Action taken on previous requirement

An improvement team were in place to support the service to attain the required improvements. They were working to implement improved working practices, reduce risks and secure improved outcomes for people. The required improvements were reflected in ongoing action plans. This had resulted in improved management oversight and changes to quality assurance processes. We observed environmental improvements and improvement in aspects of staff practice. For example, the quality of record keeping and overall engagement with residents.

The service had facilitated an open evening to share updates and seek feedback from individuals and their families. Feedback was shared with individuals using an "improvement journey" wall at reception. This helped to keep people involved and up to date.

The service was working to introduce "resident of the day" and "care at a glance" processes. This would help to provide a framework to evaluate people's care arrangements and support a more person led approach to care.

We discussed with the management team that the implementation of a robust audit schedule would help to evaluate the impact of revised working practices on people's experiences. The Care Inspectorate self-evaluation framework would support ongoing quality assurance.

This requirement has not been met. An extension has been agreed until 30 May 2025.

Not met

Requirement 4

By 28 February 2025, the provider must ensure people are kept safe and their health and wellbeing are promoted, by the service having robust communication and reporting systems.

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

- a) Review accident and incident reporting procedures and practices and ensure appropriate follow up actions are taken and recorded where necessary.
- b) Adhere to the reporting guidelines of the Care Inspectorate in line with "Records that all registered care services (except childminding) must keep and guidance on notification reporting".

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: "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 requirement was made on 10 December 2024.

Action taken on previous requirement

At the time of inspection, accidents and incidents were being analysed to identify trends or patterns and implement any corrective action.

We discussed with the management team the need to ensure that staff were fully aware of the expectations with reporting accidents and incidents in a timely manner. The management team had identified this prior to the inspection and were working with the staff team. We asked the manager to add a prompt to the twice daily huddles. This would allow senior staff to discuss any adverse events with the staff team and offer guidance to the staff team regarding reporting and any remedial actions required. There was a clearer structure in place for submitting notifications to the Care Inspectorate.

Whilst we saw some progress toward meeting this, further work was required to fully meet the requirement. This requirement has not been met. An extension has been agreed until 30 May 2025.

Not met

Requirement 5

By 28 February 2025, the provider must protect the health, welfare and safety of people using the service.

In particular, the provider must ensure staff deployment is appropriate to meet people's holistic needs and wishes.

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

- a) ensure dependency assessments accurately reflect people's current needs, wishes and abilities and are reviewed on a regular basis;
- b) review staff deployment arrangements and work practices to ensure staff work in a person-led way.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b) and 4(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and part 3 (1), (a),(b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people." (HSCS 3.15)

This requirement was made on 10 December 2024.

Action taken on previous requirement

Overall, we found that the staff were working in a more person centred way. Improved management oversight and deployment of staff meant that staff had been assigned to specific areas and duties within the care home. This had improved accountability and meant staff were clear about their roles and areas of responsibility.

The service used a dependency tool. This was being completed monthly and updated should changes occur. There was further work planned to enhance this tool. This would support the service with ensuring that the right number of staff were available at the right time.

The service was introducing small group living within the care home. A small group living environment promotes a homely and accessible environment for individuals. It is anticipated this will help to reduce previously identified task based practices and promote a more person-centred approach to care.

This requirement has been met.

Met - outwith timescales

Requirement 6

By 28 February 2025, the provider must ensure service users' holistic needs are accurately assessed, documented and effectively communicated between all relevant staff and met.

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

- a) Staff complete and record an accurate assessment of individuals' health, physical and mental health needs. This must include, but is not limited to risk of falls, nutritional needs, continence and skin care needs.
- b) Support plans are implemented, and care is delivered in accordance with the assessed needs and preferences of each individual service user.
- c) Improved evaluation of the effectiveness of care interventions and the outcomes used to direct staff on how to support people.

This is to comply with Regulations 4(1)(a) (Welfare of Users) and 5 (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "Any treatment or intervention that I experience is safe and effective" (HSCS 1.24).

This requirement was made on 10 December 2024.

Action taken on previous requirement

We saw improvement in this area. A revised format of personal planning and more streamlined approach to record keeping had been introduced. Individuals had up to date health risk assessments in place. These were completed in partnership with external health professionals and the improvement team.

Progress had been made to improve the quality of information within personal plans, following the completion of risk assessments. This took account of how to support individuals living with dementia, continence and nutrition and hydration needs and falls reduction strategies.

However, we found instances where personal plans had not been updated with the most up to date advice from external professionals. This could impact on people's health and wellbeing. We shared examples with the management team. We were reassured that immediate action was taken to rectify.

Further work was required to ensure personal plans gave clear direction on how to meet people's holistic needs and preferences.

This requirement has not been met. An extension has been agreed until 30 May 2025.

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.

Detailed evaluations

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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