

St Serfs Care Home Service

Kinbrae Park Gardens
Newport-on-Tay
DD6 8HD

Telephone: 01382 542 276

Type of inspection:
Unannounced

Completed on:
19 March 2025

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.

The service aims and objectives reflect the values and principles of the Health and Social Care Standards (HSCS) and include: 'To provide a home for you to live, socialise, dine and rest in safety and comfort'.

About the inspection

This was an unannounced follow up inspection which took place on 18 and 19 March 2025 and between 10:00 - 16:30. 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 four people using the service and one of their relatives
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The two outstanding requirements from our last inspection were met.
- Medication management and administration had improved.
- Quality assurance systems were in place to monitor and support standards.
- People were cared for with kindness by staff that knew them well.
- All staff were held in high regard.
- People described recent improvements and a high level of satisfaction with all aspects of the service.

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?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

A requirement was made at the last inspection about safe medication systems. Our findings at this inspection were that this requirement was met. As a result, we re-evaluated this key question from weak to adequate, where strengths outweighed weaknesses.

The home had a relaxed and pleasant atmosphere. We saw kind and caring interactions between staff and the people they support. People told us there had been improvements in staffing and communication and they hoped this would continue.

People should expect to enjoy healthy, nutritious meals in a relaxed environment. They told us that meals were enjoyable and that the quality of food was good. People spoke of being able to choose alternative meals if they didn't like the menu and we observed this in practice. We observed mealtimes to be relaxed, calm and unrushed. People were encouraged to do as much for themselves as possible.

People we spoke to told us they were happy with the level of communication. The electronic care planning system was well established and had been identified as an ongoing area for staff training and development.

Staff said the new manager was approachable and that they felt supported by them. They had access to online training and there were records to reflect this. The manager had very good oversight of staff performance.

We found that people received their medication as prescribed. Sampled medication administration records were complete which provided assurance. 'As required' medication had been reviewed to support appropriate use and although there were some inconsistencies in the way staff recorded the effectiveness of 'as required' medication, record keeping was good. We sampled stock of controlled medications and found that this was being managed safely.

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 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

We received an action plan on 8 January 2025 which described how this requirement would be met. This included, staff meetings, audits and a review of documentation and people's prescriptions to support staff performance and ensure treatments were therapeutic.

We found that people received their medication as prescribed.

Sampled medication administration records were complete which provided assurance.

'As required' medication had been reviewed to support appropriate use and although there were some inconsistencies in the way staff recorded the effectiveness of 'as required' medication, record keeping was good.

The manager had established frequent and appropriate audit which meant there could be a quick response to any discrepancies.

A simple check verified a reduction in missed signatures or inaccurate counts. The recording of topical preparations had been identified as an area for improvement. This was being addressed through staff training and development.

We sampled stock of controlled medications and found that this was being managed safely.

Medication was stored safely and systems were in place to support effective ordering and returns.

As a result, this requirement is met.

Met - within timescales

Requirement 2

By 14 October 2024, the provider 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

We received an action plan on 20 September 2024 which described how this requirement would be met. This included, re-establishing audits, action plans and reporting. In addition recruitment and training and development for all staff had been prioritised.

We found there had been improvements. One relative described their experience since the manager had taken up post as, "In a short space of time, there has been a big improvement".

Staff reported improvements in staffing as a result of recruitment and leadership. Senior staff had a clear understanding of their role. They demonstrated confidence in their ability to carry out their responsibilities.

We found improvements in medication management.

People reported improvements in their meals. They also reported a high level of satisfaction with the environment and housekeeping. All staff were held in high regard.

The manager had a range of appropriate audits in place to monitor standards. Staff discussions indicated very good teamwork, sufficient resources and good training and support.

The service development and improvement plan was included as evidence to support this requirement. We recognise the process of self evaluation and developing a service improvement plan will be ongoing but the evidence from this inspection visit provides assurance around the quality of outcomes experienced and that improvements could be sustained.

As a result, 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

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

During this inspection, we found that some people were accessing the garden independently and others with support and supervision from staff.

The provider confirmed that increasing accessibility remained under review. Consideration was being given to establishing a secure area as this was seen to offer benefits to at least one other resident currently and may benefit people in the future.

We recognise the age and design of the home and traditional outside space requires ongoing risk management and resources to maximise the positive outcomes experienced by people living here. Progress will be followed up at the next inspection when it can be reported under Key Question 4 'How good is our setting?'.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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