

St. Rognvalds House Care Home Service

off Old Scapa Road
Kirkwall
KW15 1BB

Telephone: 01856 872 106

Type of inspection:
Unannounced

Completed on:
10 December 2024

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 inspection which took place between 4 and 5 December 2024.

Feedback was provided remotely to the management team on 10 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 nine people using the service and five of their family;
- spoke with 12 staff and management;
- observed practice and daily life;
- reviewed documents;
- prior to the inspection we issued questionnaires and received 12 from residents and 20 from staff members.

Key messages

- Staff were approachable and friendly with people receiving care.
- Assessment, personal plans and record keeping required to be improved.
- Management oversight and quality assurance systems required to be improved.
- Staff deployment and aspects of work practice/routines require improvement to support a person led approach to care.
- Construction of a new care home was almost complete, this would improve the environment for individuals.

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?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

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. Whilst some strengths could be identified, these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes.

People can expect to be treated with compassion, dignity and respect. We saw warm and compassionate interactions between staff and people supported. Engagement between staff and the people they supported was friendly and kind. One person told us "They (staff) have become like extended family to us". However, staffing arrangements had placed pressure on the staff team. This had resulted in a task focussed and, at times, an institutional approach to care and support. Staff told us they did not always have the time to spend with individuals. We have made a requirement within Key Question 3 "How good is our staff team?" of this report, which relates directly to staffing.

Staffing arrangements meant staff were not always available to support meaningful activity. The service was supported by an activity worker and individuals closest to those living in the care home were encouraged to be involved. The service had an activity schedule in place, this helped to keep individuals up to date. The activities included accessing the local community, external groups attending the care home, intergenerational opportunities, quizzes, music and arts based activities. People enjoyed these and attendance helped keep people connected. During the inspection we saw some residents being supported to prepare Christmas treats.

People's health and wellbeing should benefit from their care and support. Overall, staff liaised with external professionals when they were concerned about an individual's health and wellbeing. We shared some examples where this could be improved. We received feedback from some health professionals that communication within the care home, following their visits could be improved. Improved record keeping would promote clear and concise communication with external professionals.

People should expect to enjoy their meals in a relaxed environment. The service was in process of introducing a new menu. Catering staff prepared fresh fruit and home baking. When offering assistance, staff supported people to enjoy their meal in a kind and patient manner. Those closest to individuals living in the care home were encouraged to be involved in this aspect of care. Where nutritional and fluid intake is compromised, staff should monitor what individuals consumed, to determine if any changes to planned care were required. Some staff were unclear about who had experienced unplanned weight loss and who required additional monitoring. Monitoring records were not consistently well completed. This made it difficult for staff to evaluate care in this area. Improved oversight is needed to ensure intake records are appropriately completed and inform changes to planned care when required (see requirement 1).

Staff recorded care delivered within daily notes and a range of other records developed by the service. Duplication of recording meant that some documentation was not completed as expected. Record keeping requires to be reviewed and a streamlined approach to documentation introduced. This would allow for consistent monitoring and response to individuals care needs (see requirement 1).

There was a system in place to ensure people received their prescribed medication. There was guidance available for staff on the administration of "as required" medication. Recording of the outcome of as required medication would allow better evaluation of its effectiveness for people. The service management gave a commitment to implementing a more person centred approach to medication administration in keeping with people's preferred routine.

The service used internal radios for communication between the staff. We shared instances when this was intrusive and impacted on individuals experiences. This had the potential to increase or contribute to distress for individuals. To promote privacy and a more homely environment the use of radios must be reviewed (see requirement 2).

Requirements

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)

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)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes.

Individuals we spoke with confirmed that they would discuss any concerns with the management team in the service. One person told us "I would speak with one of the seniors and confident I would receive a response." We received mixed feedback from the staff team whether they felt that their ideas or suggestions would be responded to. We asked the service to revisit this with the staff team. This would allow staff to be involved in the development of the service and help ensure they felt listened to.

People should benefit from a culture of continuous improvement. A range of quality audits had been completed. This took account of key areas such as medication, infection control, staff practice, daily checks and documentation. Action plans were not always developed or shared with staff. This resulted in quality audits not driving improvements in the service (see requirement 1).

A service improvement plan gave an overview of some areas for development and improvements achieved. The service improvement plan should be developed to take account of the outcome of quality audits and feedback from those who live and work in the service (see requirement 1).

The service was in process of compiling accident and incident reports to monitor and analyse trends or patterns and support the implementation of risk reduction measures if needed. Registered services are required to inform the Care Inspectorate about notifiable events. We were made aware of incidents that had not been submitted to the Care Inspectorate in line with the current Care Inspectorate guidance, "Records that all registered care services (except childminding) must keep and guidance on notification reporting" (see requirement 2).

Requirements

1. 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)

2. 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)

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes.

Staffing should be determined by an assessment of people's care needs. A dependency assessment tool was in place. Further work was planned to support analysis of this information to help inform staffing needs. Staff commented negatively on staffing levels. We found that the service had sufficient staff on shift. However, we shared examples where staff deployment impacted on the availability of staff to support individuals in a person-centred way. One relative told us "often there are days when only two carers on the unit". This resulted in a task based approach to care delivery and impacted on individuals care experiences. The service must review staffing arrangements to ensure staff deployment supports a person-led approach to care (see requirement 1).

People should have confidence that the people who support them are trained, competent and skilled. Training was based on a training needs analysis with the management team engaging with the staff and external individuals, to identify the most relevant training to support individuals. A blended approach had been used with staff training. E-learning covered a wide range of mandatory training. This had been complemented with some face-to-face training provided by in-house and external trainers. This included bowel care, nutrition, moving and assisting and adult support and protection. The overview of the training indicated low attendance. Additional training was planned to help ensure staff had the appropriate skills and knowledge to support individuals.

Staff handover meetings between shifts promoted communication. Team meetings took place, although staff attendance at these meetings was beginning to reduce. We asked the management team to explore the reasons for this reduction. Participation in regular meetings would provide the opportunity for practice discussion and how best to promote positive outcomes for those living in the service.

It is important that staff have regular supervision opportunities with managers to identify any practice, training and support needs promptly. We received mixed feedback on the availability of supervision. This must be rectified to give staff the opportunity to discuss their wellbeing and reflect on their practice and training and development needs.

The service had experienced recruitment challenges and was supported by routine agency staff. We heard that agency staff were welcomed into the service and afforded the opportunity to be orientated to the service. This helped agency staff to feel part of the team.

Requirements

1. 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)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas need to improve.

A new building was under construction. Completion had been delayed. The move to a new purpose built building was much anticipated as this would improve the environment for those living in the care home. Although the service was working to maintain the current environment, some areas were odorous. The provider had contracted an external company to routinely shampoo carpets.

Individuals had their own bedroom. These were nicely personalised making people feel at home. The care home presented as tired and worn with some furnishings not able to be thoroughly cleaned. The management team had identified this and replacement furniture was being delivered from another care home. The layout of some public areas was being altered to improve the setting.

People can expect accessible outdoor space. The service benefited from a large courtyard garden area. When the weather permitted, individuals could access the garden independently. We acknowledge minimal use of outdoor space over the winter months, however, we asked the management team to consider some maintenance work to improve the outlook for people who live there.

The service was supported by maintenance personal. Records showed that regular checks of equipment were being carried out in line with guidance and best practice. This included external checks. Unplanned repairs were quickly rectified. This helped to keep people safe.

The management team agreed to review the risk assessments and implement any required risk reduction measures for some specific areas of the care home and equipment used.

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect people's experiences or outcomes.

People can expect their personal plan to reflect their needs, wishes and choices. Life history documents were in place for some people. This provided a good level of detail to allow staff to get to know people and their past experiences. This helped staff to get to know individuals. However, we shared examples of personal plans that lacked sufficient, up to date and person-centred detail, to direct staff to provide appropriate, safe and consistent care in keeping with people's choices. This meant that people could not be assured that they would receive the care and support that was right for them. The management team planned to implement a revised format of personal planning.

A range of recognised health assessments were available for staff to complete to evaluate people's needs. These related to nutrition, falls and skin care. We shared instances when these had not been completed as expected. It is important for these to be updated regularly to detect changes in each person's health. This had the potential to lead to negative health outcomes for people such as unplanned weight loss, skin damage or injury from falls (see requirement 1).

Quality assurance audits of care plans were not being shared with the staff team. This limited the opportunity to make improvements in this area. We have made a related requirement in Key Question 2 "How good is our leadership?"

When individuals required, the service had the appropriate legal documentation in place. This helped to guide staff around individual wishes. The service had an overview of six-monthly reviews that had taken place and those planned. This is important to give those living in the care home and those closest to them the opportunity to be involved in their care and support.

Requirements

1. 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).

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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