

St. Raphael's Care Home Care Home Service

6 South Oswald Road
Edinburgh
EH9 2HG

Telephone: 0131 667 3601

Type of inspection:

Unannounced

Completed on:

25 March 2019

Service provided by:

Viewpoint Housing Association Ltd

Service provider number:

SP2003002464

Service no:

CS2003010670

About the service

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in St. Raphael's experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

This is the first inspection of the service using the framework and standards.

St Raphael's is a care home for 63 older people and was registered with the Care Inspectorate in April 2011. The provider of the service is Viewpoint Housing Association Ltd. who also has other care homes and support services across Scotland.

Nurses and carers support and care for people living in St. Raphael's. The home is situated in the Grange area of Edinburgh, close to bus services and local amenities in nearby Marchmont. There is car parking at the front of the home.

The accommodation is provided over two floors with the upper floor accessed by stairs or lift. There is a designated dementia unit. All bedrooms have en-suite facilities and there are bathrooms and toilets on each floor. Seating is available in the foyer area and at various points around the home, as well as sitting rooms on each floor. The home was upgrading the heating system and kitchen at the time of the inspection. The main dining room is on the ground floor and to the front is a south facing conservatory with armchairs and views to Blackford Hill. These areas were not accessible during the inspection because of the kitchen upgrade.

Catering and laundry services are shared with the adjoining care home, Marian House.

There are enclosed and well maintained gardens with a roof terrace on the first floor. Some rooms had full length windows/doors overlooking the garden.

There is a Craft Café available to people in the home. This is a facility run in partnership with Impact Arts and provides a place where people can express their creativity and socialise. More information can be found at: <https://www.impactarts.co.uk/content/our-work-older-edinburgh/>

The service aims and objectives are reflected in all Viewpoint's care homes:

"To have joy in later years, to inspire with positive smiles and words, say yes I can and I will, celebrate age, experience and wisdom.....work hard, have fun and laugh."

For more information about the home you can visit:

<http://www.careinspectorate.com/index.php/care-services?detail=CS2003010670&q>

What people told us

We took account of what people told us and views from 55 people living in the home, 13 relatives/friends and 31 staff working in the home. This included views expressed in returned questionnaires and emails to us.

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. During the SOFI observations we saw

staff engaging well with people, enabling them to enjoy their meal and supporting them to be more independent.

People spoke about their experience of living in St. Raphael's. Overall they felt staff were kind and courteous and the facilities in the home were very good. Comments included:

"They take good care of us".

"I'm looking forward to getting out in the garden when the warmer weather comes, the garden is an important place for me".

"I have a lovely room, the food is very good; at least for me".

"The food's not too bad, staff on the whole are very good, some a bit clumsy".

"Most of the staff are very nice, there is the odd one, but that's to be expected".

"This place is amazing and spotless and I couldn't complain about the staff, they are very good".

"I have peace of mind that she is safe and secure at St Raphael's and long may this continue". (relative)

".....kind and friendly staff where nothing is too much bother for them and the level of service I feel is second to none". (relative)

"What has been clear throughout is the genuine affection in which all the residents are held by the staff. Most of the staff have been there a long time and have loyalty to the other staff and residents". (relative)

Other comments are highlighted in the report along with comments from staff that we spoke to.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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

This is the first time this key question has been inspected in the service. We evaluated how well people's wellbeing was supported and concluded that there were a number of important strengths with some areas for development.

People experienced very good care from staff. Smiley faces were mentioned by many people, describing the happy, kind and courteous staff. People sometimes singled out one or two staff as particularly caring:

"That's X (pointing to a passing member of staff); she's lovely, knows me well and how to look after me".

" Y (name of staff) is a lovely person, she has something special about her" (relative)

Staff knew about the principles in the Health and Social Care standards which were reflected in their practice and the home's aims and objectives. The principles of dignity and respect, compassion and responsive care were all demonstrated.

"Care is fantastic. It's the vibe.....dignity is preserved". (relative)

Some people, while praising the majority of staff did feel there were some who could be more caring. For example;

"Most staff are kind and caring, there's one or two I've spoken to the manager about them and it was sorted" (referring to the previous manager of the service).

Some people felt they would like to get more involved with developments in the home;

"We do have meetings and share ideas, but some things are just not implemented and I don't know why".

The service was very good at supporting people to get the most out of life.

"I never get bored because there is so much going on and to choose from" (waving the weekly activity sheet).

Some people described how their hobbies and interests had increased because of the craft café, for example:

"I'm getting to the stage in life where what I'd like to do isn't possible anymore.....but I've found something new with the craft and art work that allows me to bring my past interests into my creativity; reflecting on memories and generating discussions".

People described the atmosphere in the home as warm and people felt safe.

The developments around people getting the most out of life relate to ensuring people's wishes and aspirations are known. Sometimes these were small things like;

"....I wish I could have a lovely long soak in the bath on my own".

"to being supported to get out more" and "to go to the shops regularly".

One person said "....I've fought a bit for my independence" and was pleased that they could now go out. Others talked about feeling that they wouldn't be allowed to do things, or that they would need permission. Although these were feelings, making sure people were encouraged to discuss their wishes would help staff to plan support with them.

(See area for improvement one).

Staff were good at promoting people's health. There was a range of well maintained specialist equipment which supported people to stay healthy, for example, bed mattresses and chairs.

Nurses undertook comprehensive health assessments, screening and worked with NHS and other professionals to promote health. Staff knew what health needs people had and generally the assessments informed the planned care for people. There were anticipatory care plans detailing people's wishes for their future. Staff were undertaking special training to support people with advanced dementia helping them to have a range of ways to care for people well.

"I feel my health is well cared for, I can see my GP when I want and they give me my medicines."

"I have X (health need) and they respect my knowledge of my condition".

No one had concerns about the medication system, though we discussed with staff assessing people's ability to self-medicate if they wished to.

People were looking forward to the completion of the kitchen refurbishment. A group of people chatted after their lunch;

"The refurbishment is for a good cause, the kitchen will be so much better".

"They are very good at catering for our dietary needs".

"I wish they had hot plates, to keep the food hotter for longer".

"The food doesn't tempt me....there are no trimmings, sauces or dressings".

Some people spoke about how important independence was to them. While recognising they needed support, some felt that staff worried and focused on their safety. Risks to people's wellbeing was identified through assessments, but some people felt they had little influence over the risks they wanted to take. Area for improvement one incorporates developments for this key question.

Areas for improvement

1. To make sure people continue to get the most out of life and are healthier, asking them about lifestyle preferences, wishes and supporting them to achieve these is important. This could include, but not be limited to:

1. Exploring with people what their wishes and aspirations are, include small everyday things as well as bigger things like visiting the theatre or library regularly;
2. Helping people to consider/access regular additional support over and above that provided by the home to enable them to get out more if they want to. If needed, advocacy or a befriender may help ensure access is appropriately planned and financed;
3. Using a range of health and social care assessments and supports to promote risk enablement, for example, people's ability to take their own medicines with graduated supports available; and
4. Considering making available kettles and snack making facilities, in people's rooms, where appropriate, and following risk enablement processes.

The Health and Social Care Standard's principle of wellbeing state:

* I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.

* I am encouraged and helped to achieve my full potential.

* I am supported to make informed choices, even if this means I might be taking personal risks.

The standards also say:

I am supported to participate fully as a citizen in my local community in the way that I want. **HSCS 1.10**

I am confident that people are encouraged to be innovative in the way they support and care for me. **HSCS 4.25**

I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. **HSCS 5.1**

I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate. **HSCS 5.9**

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

This is the first time this key question has been inspected in the service. We evaluated that there were a number of important strengths with some areas for development related to assessment and care planning.

Comprehensive assessments of people's health needs were undertaken by nurses. These included nutrition, mobility and falls risk assessments. Assessments informed the development of the care plan for people.

People described care and support that helped them to be as well as possible;
"I've been here for a very long time. As I get older the girls do more for me. They are all lovely, kind and caring. I'm very happy here".

Anticipatory care plans informed staff about people's wishes towards the end of their life and some people we spoke to felt very involved with their care plans. One person worked with the staff to re-word the plan to better reflect what was important to them.

Other people were not always sure about their care plan or that what staff wrote in them reflected their wishes and experiences;
"They write x had a good day; and sometimes I didn't have a good day".

The care plans were transferring to an electronic system and staff used mobile phones to log in and write about the planned care.
"They come into my room, write things down and it's a bit 'big brother-ish".

We suggested staff could ask the person what they should write, reflecting how they felt about their experience that day. Another person spoke about their plan;
"It (the care plan) seems to focus on what I cannot do, not on what I can do".

The new electronic system offered a truly dynamic approach to care planning and we discussed its potential with the staff. There were a number of modifications underway as staff became more familiar with it and area for improvement one highlights some important things to consider as the system is established.

The meaningful and measurable work available at the personal outcomes collaboration could help with development, see <https://personaloutcomescollaboration.org/>. The staff were committed to involving the person and those important to them in developing the care plans which will help to make sure they reflect needs, risk enablement and wishes for people.

Areas for improvement

1. To make sure people's planned care reflects things that are important to them they should be involved and central to planning care and support. The person should feel like they own the plan and decide who else can access it. This might include making access via a personal computer/tablet possible as well as paper copies. The plans should focus on needs and wishes and be concise and easy to read. The plans should include, but not be limited to supporting people to:

- A) maintain hobbies or develop new ones which may involve positive risk taking;
- B) be as independent as possible which will involve risk enablement; and
- C) highlight what is important to them and understand care processes that staff feel must be included in their plan.

The Health and Social Care Standards states:

I am supported to participate fully as a citizen in my local community in the way that I want. **HSCS 1.10**

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. **HSCS 1.12**

My future care and support needs are anticipated as part of my assessment. **HSCS 1.14**

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**

I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. **HSCS 3.22**

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

This was a recommendation from the previous report:

To enable residents who experience distress to receive high quality safe care from staff that know their needs, the manager should ensure that there is detailed, up to date information contained within care plans that meet identified individual support and care needs.

This area for improvement was made on 15 November 2017.

Action taken since then

During the inspection staff were clear about how to support and manage people who experienced distress and involved other agencies as appropriate. Staff were receiving training about the Namaste care programme which can help reduce distress in people who have dementia.

Met

Previous area for improvement 2

This was a recommendation at the last inspection

To ensure people with dementia are well supported it is recommended that the skills, qualifications and expertise of staff in relation to dementia care are improved. Staff should undertake dementia training that is relevant to their role and responsibilities as set out in the Promoting Excellence Framework, and that the manager supports staff to put their learning into practice.

This area for improvement was made on 15 November 2017.

Action taken since then

During the inspection staff spoke about their training and support related to dementia and we observed very good practice in supporting people with dementia.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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