

# St. Rognvalds House Care Home Service

off Old Scapa Road  
Kirkwall  
KW15 1BB

Telephone: 01856 872 106

**Type of inspection:**  
Unannounced

**Completed on:**  
20 November 2023

**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.

St. Rognvalds brochure states that; "St. Rognvalds House aims to provide its residents with a secure, relaxed and homely environment in which their care, wellbeing and comfort is of prime importance".

## About the inspection

This was an unannounced inspection which took place between 13, 14 and 15 November 2023.

Feedback was provided to the management team on 20 November 2023.

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 six people using the service and four of their family;
- spoke with 14 staff and management;
- observed practice and daily life;
- reviewed documents.

## Key messages

- The staff team were committed, knew people well and supported people with respect.
- People living in the care home were supported to maintain relationships with those important to them.
- People had access to a good range of activities and local community links.
- The service were working to enhance activities by introducing "Care About Physical Activity".
- A permanent manager had been appointed.
- Ongoing environmental improvements were underway.

## 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?	4 - Good
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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Staff were knowledgeable about people's care and support needs. Staff responded to changes in health care needs and liaised with external health professionals. This helped to keep people well. We received positive feedback from external professionals. One person told us "I find them (the staff) really helpful and they know people well". When additional needs had been identified, such as stress and distress or risk of falls, the service introduced appropriate assessments and support plans. This allowed the staff to monitor what worked for people.

There was a relaxed atmosphere at mealtimes. Where people required help to eat and drink, staff provided this in a discreet, kind and timely manner. This meant that people were supported at a pace that suited them. Many people chose to eat their meals in their bedrooms. Healthcare monitoring charts, including nutritional charts were completed to a good standard. This offered assurance that people's health was being monitored effectively and accurate records maintained. A new menu based on individual preferences had been introduced as previously recommended. One person told us "the food is good".

Medication was managed well, and individuals were supported to take the right medication at the right time. There was guidance available for staff on the administration of "as required" medication. We asked that the service review the recording of the outcome of as required medication. This would allow better evaluation of its effectiveness for people.

Meaningful connection and activity are important for people's health and wellbeing. People were supported to maintain relationships with those important to them. The service was supported by activity staff. The activity programme included celebrating special events, group activities, gardening, exercise and external events. People enjoyed these. The service was involved in the "Care About Physical Activities" (CAPA) programme. We found that learning was being put into practice for a specific individual living in the care home. The staff members planned to extend this across the care home following the completion of the programme. One person told us "Staff are good people, personable and have built good relationships with him (person supported)" whilst another commented "Can see activities have stepped up in past few years".

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

A new manager had been recently appointed. Residents and relatives spoke positively about the management team and confirmed they had made a positive impact in the service. One person told us "Communication is good...they will always get in touch with me if there are any concerns. The home is very welcoming".

People should benefit from a culture of continuous improvement. A range of routine quality checks had been completed, including medication, health and safety, infection control, documentation and staff practice. Appropriate action plans had been developed where needed and we saw that staff were working to achieve improvement in the areas identified. Some quality audits had fallen behind which included the auditing of personal plans, the management team had an overview of the personal plans and monitored changes. There were plans in place to implement structured quality audits of the personal plans.

A service improvement plan was in place and was informed by quality audits and feedback from others. This was used as a live document which allowed the management team to have an overview of areas for development and what had been achieved.

Accidents and incidents were monitored. An accident and incident overview document was being implemented. The service used a lesson learned approach to ensure learning was taken from unplanned incidents. We saw examples of this learning leading to positive changes for individuals. This included changes to the planned care of individuals following falls and the introduction of new door handles.

### How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Staffing arrangements were determined by regular assessment of people's care needs. We heard how a recent change to individual needs within the service had resulted in an increase of staff availability. This helped to meet the needs of individuals. We found that staff were responsive to changes in people's needs, particularly where people experienced stress and distress. One relative told us "I get as much enjoyment from the staff as he does (person supported)".

Staff meetings had taken place with the management team. This included the different departments across the service and this helped promote communication and improved team working (a previous area for improvement has been met).

Recruitment in the area remained a challenge. However, new staff had been recruited safely and the recruitment process reflected the principles of "Safer Recruitment, Through Better Recruitment". Newly appointed staff had benefitted from an induction to the care home, allowing for protected time to adjust to their new role. The provider offered induction for agency staff members. This ensured an appropriate skills match. We heard from an individual "It's a welcoming service and people living here are great".

People should have confidence that the people who support them are trained, competent and skilled. A blended approach to staff training was used. Face-to-face training was provided by in-house and external trainers. This included health specific training relevant for those living in the care home. Personal planning and record keeping training was scheduled with the external manager.

It is important that staff have regular supervision opportunities with managers to identify any practice, training and support needs promptly. The management team had a plan in place to ensure that all staff received a 1-1 supervision. This would provide staff the opportunity to discuss what was working well and explore areas where developments were needed. There had been recent group supervisions completed with the staff team.

## How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

The home had a relaxed and welcoming atmosphere. A new building was under construction and is due for completion around the end of 2024. In the meantime the provider had completed a robust audit of the environment which resulted in the development of an action plan (a previous area for improvement has been met). The management team had been working to meet this action plan to enhance the current environment. This had resulted in better lighting, new fixtures and fittings, new furniture, contrasts with light switches and redecoration work. This work has impacted in the evaluation awarded for this statement.

Individuals preferred to use the space were the corridors met rather than the formal lounge area. We heard and saw evidence that the management team had tried different strategies to encourage individuals to use the lounge area. This was not the preferences of individuals and so the management team had made changes to the central area to make this more comfortable for people.

Bedrooms were small but were comfortable and nicely personalised which helped to give people a sense of belonging. One person told us "His (person supported) wee room is always nice and tidy".

People can expect accessible outdoor space. The service benefited from a large garden area. This included a large pond. The service had introduced new raised and mobile flower beds. This meant individuals who could not access the outdoors had this opportunity. During the inspection we observed that individuals were able to access external spaces independently, when this was safe to do so.

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. This helped to keep people safe.

## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

Personal plans help to direct staff about people's support needs and their choices and wishes. Personal plans had been completed in a person-centred way and involved those living in the care home. This allowed individuals' wishes and preferences to be considered over the 24 hour period.

Life history work was in place for some people. This provided a good level of detail to allow staff and agency staff to get to know people and their past experiences. These were not complete for all individuals and we heard how some people had chosen not to complete this. We asked that this is regularly reviewed to allow individuals to share information that is important to them.

Individuals were supported by a range of health assessments. These were complete in partnership with community nurses. This meant that individuals could be assured that staff monitored their health needs. Where health and wellbeing assessments identified specific interventions, additional personal plans and risk assessments were in place to guide and support staff in care delivery. This meant that individuals could be assured that they were being supported by a staff team that were aware of their needs.

Daily notes were used to document people's experiences. We found that the quality of these varied and some negative terminology was used to describe people. Training was scheduled to address this. The management team gave a commitment to monitoring this to ensure that training informs improved staff practice in this area.

## 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

To support and improve the quality of food people are offered, the manager should:

- a) review food ordering and storage arrangements to incorporate fresh foods, including bakery, vegetables and fruit;
- b) review the times meals are arranged to ensure these are provided to people at a time that is appropriate for the individual.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning" (HSCS 1.33).

**This area for improvement was made on 30 September 2022.**

#### Action taken since then

The service had reviewed the process for ordering food and there was home baking available for people. There were new menus in place and these were working well. We found mealtimes to be a positive experience for individuals.

This area for improvement has been met.

#### Previous area for improvement 2

To support and improve the culture of continuous improvement, the provider and manager should ensure they have effective and transparent quality assurance processes, which support and enable staff to raise concerns.

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 30 September 2022.**

## Action taken since then

The service had quality assurance checks in place. The frequency of staff meetings had been increased since the last inspection and group supervision sessions undertaken. This allowed staff the opportunity to share their views and experiences. One to one supervision sessions were scheduled.

This area for improvement has been met.

## Previous area for improvement 3

To support and improve staff ability to meet people's overall needs the provider and manager should:

- a) establish ways to engage with staff and people who live in the care home, to help support effective and appropriate staffing levels;
- b) review roles and responsibilities of all staff, to assess if changes could be made to free up time to support people living in the care home in an improved way.

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) and  
"People have time to support and care for me and to speak with me" (HSCS 3.16).

**This area for improvement was made on 30 September 2022.**

## Action taken since then

There were sufficient staff to respond to people's needs. The service used a dependency tool to assess staffing levels and inform staff deployment. We heard of an example that had resulted in an increase in staff.

This area for improvement has been met.

## Previous area for improvement 4

To support and improve the quality of the environment, the provider and manager should:

- a) carry out a "Kings Fund Environmental Assessment" of the care home as well as an environmental audit to identify areas for improvement;
- b) draw up an action plan from the audit with timescales for improvement, supported by the provider.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16).

**This area for improvement was made on 30 September 2022.**



**Action taken since then**

The service had completed a comprehensive Kings Fund Environmental Assessment to measure how "dementia friendly" the care home environment was. This had resulted in an action plan and improvements to the environment.

This area for improvement has 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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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