

St. Rognvalds House Care Home Service

off Old Scapa Road
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Type of inspection:
Unannounced

Completed on:
15 July 2025

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
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About the service

St. Rognvalds House is registered to provide care for up to 44 older people and is in Kirkwall. At the time of our visit there were 33 people living at the care home.

The accommodation has two main areas. St. Magnus's provides care and support for physically frail residents and the St. Mary's side cares and supports people living with dementia. There are several sitting areas within the home and two dining areas for people.

About the inspection

This was an unannounced inspection which took place between 7 and 15 July 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.

In making our evaluations of the service we:

- Spoke and spent time with five people using the service and 12 of their family members or friends
- Spoke with eight staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals
- Reviewed feedback from questionnaires sent out before our inspection

Key messages

- People's care and support was of an adequate standard
- Significant improvements were being made for people's care and support
- People's home was generally comfortable for them
- At different times people had some activities they liked to do
- People's families and friends were able to keep in touch and easily visit
- Staff were attentive and keen to provide a good standard of care
- Management was positive, provided leadership and aimed for high standards
- Changes that were introduced were focused on people's quality of life and wishes

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
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

We evaluated this as adequate. There were strengths in the service's support for people's health and wellbeing but these just outweighed weaknesses.

Mostly, people were saying they were happy with their care and support. Family members also reported this. Some family members reported that there had been improvements in recent months and this reassured them. People were respected and felt cared for.

Some comments from people and family members were:

- 'Mum's really happy here.'
- 'Raised concerns before and it's definitely improved.'
- 'Oh yes, it's nice.'

Family and people's friends said they were made to feel welcome by staff when visiting. People enjoyed keeping up with family and friends. It could mean a lot to them and could be an important part of their day or week.

Family members were kept informed as appropriate. A family member, for example, would be told by staff about a change of health in their relative. Family members trusted the service's good communication.

People interests and wishes were known. During the day there were some opportunities for activities. People enjoyed certain activities and when possible staff would assist them with these. There were times, though, when people could have been engaged more and involved in some activity that was meaningful or enjoyable to them. This was something for the service to continue to focus on and develop.

The service recognised that meal times were important to a person's day. If a person needed specific help for eating their meal, the service understood this and ensured suitable support was in place. Progress had been made in ensuring meals were enjoyable and nutritious. Family members, also, were often around and assisting their relative at some meal times and this added to a positive experience for people. Good food that they liked made a difference to people.

Throughout their day, people were able to get drinks and food. Staff had ways to closely monitor this and this helped to make sure people got enough food and drink. If there were some difficulties for a person in eating and drinking enough, additional advice and input from others such as NHS dieticians was sought. People were aided to keep well and healthy.

Partnership working with key NHS, Social Work or other agencies took place. Nurses would visit on a regular basis and GPs would be consulted with as necessary. People's health and care needs were referred to specialists when needed. Good working relationships and communication again assisted people to keep well and safe.

Staff had a range of checks and recording for people's health and wellbeing to undertake each day. These were done to a satisfactory standard and mostly completed well. However, there were times when staff were not managing to complete them all in good time. Some staff reported having limited time and. Overall, people's health and wellbeing were well supported by these checks as the checks reduced the chances of problems or discomfort happening for people.

Service management were very aware in what areas the service could still improve it's care and support for people. There was confidence in continuing the progress made of late and that this progress would result in a more consistent quality of care and support for people.

How good is our leadership?

4 - Good

We evaluated this key question as good. Positive improvements had been introduced that helped to ensure people experienced a consistent quality of care and support that benefits their health and wellbeing. There are a number of strengths which, taken together, outweigh areas for improvement.

The management team had spent the previous six months focused on the quality of the care and support for people. They had a strong understanding of what good care and support looks like and they appreciated the challenges involved in achieving change and a consistent level of care and support. In addition, an improvement team was also put in place to identify and assist service improvement. People's best interests and wishes were the primary consideration. People health and wellbeing benefitted from the manager's leadership of the service.

The manager and management team had an active presence in the care home. They were going around the care home each day spending time with people, discussing matters, listening to staff and generally making sure they were in touch with what was happening for people. Family members also reported positively on management and their responsiveness. People can trust that their service is led well.

The manager carefully considered all the information on key areas of people's support. For example, all the information about people's falls in the last few months was collected or information on each medication mistake made in the service was gathered. From this information, decisions were taken about what steps could be taken to reduce the number of these types of matters. The actions taken had improved people's care and support and, for example, now in the care home there were less falls and medication mistakes were less. The service improvement plan that was in place was effective. Positive management benefitted people.

Keeping accurate and informative records of people's care and support can improve outcomes for people. Management introduced changes that ensured better records, which were reliably completed and this enabled staff to respond to people needs and wishes more promptly and better. People's health and wellbeing benefitted.

How good is our staff team?

3 - Adequate

We evaluated the staff team as adequate. It was clear there had been improvements for staff, strengths outweighed weakness in this area, but still some improvement in staff support can be made.

Generally, staff were positive and motivated. They were warm in their manner when spending time with people and providing care. Regular staff had got to know people well and built up positive relationships. People were comfortable with their staff members.

Staff went through a careful recruitment process. Their suitability was assessed at interview and any safety checks needed were undertaken. People can have confidence that their staff members have the right attitude and approach for working in health and social care.

Mostly, there were satisfactory arrangements for communication within the service. Team meetings had been taking place, sharing of information had happened and the manager and seniors aimed to make themselves available for staff. People were supported by staff who had some opportunities to discuss care and support matters, raise concerns and provide suggestions for improvement.

Staff were generally organised well throughout the care home and as well as attending to people's essential care and support needs, we saw they had some opportunities for spending quality time with people during the day. Staff spent some time relaxing with people and being companionable. However, the time for this was limited. The service is working on streamlining the paperwork staff have to complete and this may provide additional time for staff. It was also the case that senior social care workers (seniors) had a lot of documentation to do which was difficult to complete in their set hours. The service should continue to review staff arrangements.

Some comments regarding staff were:

- 'Every faith in staff. They are all nice.'
- 'Some staff are attentive.'
- 'Have seen staff turnaround but staff do their best.'
- 'Not sure if staff have enough time.'

There were opportunities for learning for staff. Making sure staff have the right training is important as it helped to give them the knowledge and skills for supporting people well and safely. Whilst there were positives about staff members' knowledge and learning, there were gaps in staff's training records and a number of staff were behind on their update, refresher training. Staff's training should be reviewed and what training needs prioritised and completed should be identified. We have made an area for improvement for this (see Area for Improvement 1 below). People's health and wellbeing benefits if they have a skilled and knowledgeable staff team.

There were some arrangements for staff meetings and communication. It was positive to see management giving this matter a focus during a period of unsettlement and change within the care home. This kept staff informed and helped to support them. However, one important way of supporting staff, supervision meetings, were not happening to the expected level. Supervision in health and social care is important for developing staff, providing an opportunity to reflect on practice and generally communicate positives and concerns they may have. These meetings were not clearly happening during the last year. The service should ensure regular supervisions are resumed. See Area for Improvement 2.

Areas for improvement

1. To support people's health and wellbeing, the service provider should ensure staff access training appropriate to their role, apply their training in practice and that their training is up to date.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

2. To support people's health and wellbeing, the service provider should ensure staff have regular opportunities for supervision meetings to support their development and learning.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14) and

Scottish Social Services Council's Code for Employers of Social Service Workers that state employers should: 'Provide effective and regular supervision that enables workers to develop and improve practice through reflection and feedback.' (SSSC 3.7)

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. The move to a new purpose built building was much anticipated as this would improve the environment for those living in the care home.

Some changes had been made to the care home setting in recent months. Improvement in the decoration of some communal rooms that were freshened up with new colours on the walls was welcomed. There were also some changes to room use made and this had given the care home a more homely, small group living style. A brighter, more pleasant environment is beneficial to people's wellbeing.

People's own bedrooms were personalised to their own taste, making them more relaxed and comfortable for people. However, in some other ways rooms were limited by space and the layout for the en-suite facilities.

The service had been going through a very busy period with many changes to the environment. During this time, maintenance requests were usually responded to very efficiently. However, not all routine safety checks had always been undertaken in line with the planned schedule. Whilst this had not led to difficulties, it is important that management have oversight of this to ensure the safety and wellbeing of people. People could not always have full confidence in the safety and maintenance practice within their care home.

See Area for Improvement.

Areas for improvement

1. To support people's safety, health and wellbeing, the service provider should ensure that all necessary safety checks, including for fire risks and environmental matters, are undertaken following best practice and on set, regular and assessed frequency and basis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is secure and safe.' (HSCS 5.19).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate.

There were a number of improvements to the assessment and care planning within St Rognvalds. New paperwork for recording and supporting essential daily care and support was now in place. This aided timely and appropriate care and support for people. Staff could see more easily when specific care or help was needed. This supported better health and wellbeing for people.

The service had ensured people, and their representatives, had opportunities for regular review meetings to discuss how well the service is meeting their needs and wishes. As well as input from staff members, external professionals, were also able to contribute to these meetings when appropriate. People, or their representatives, were able to express their views and wishes. People's health and wellbeing benefitted from careful thought and consideration.

Advice and guidance provided by external professionals, such as GPs and social workers, was recorded and made available for staff to follow. Practice such as this helps make sure people get suitable care.

People's care and support plans were in the process of being updated and information was being put into a format that was more easy to follow. Best practice guidance and examples were utilised in developing care and support plan documents. Clear information, presented in an accessible, helpful way, will assist staff to know how and when to support a person. Information written in a more personalised and specific way will help to ensure people get care and support that best suits them.

Some people's folders as well as having up to date information about their needs and wishes, had older, out of date, information within them as well. This could lead to confusion for staff or others. We highlighted this to management with an example of an older risk assessment that was in a folder. At times, we found guidance on a person's needs or wishes lacked detail. Information, for instance, could say 'reassure' the person if they were distressed but without any examples of what to say or do. For people with dementia, for instance, it is helpful to be more specific.

There were some instances of no instruction or information in certain parts of documents within people's folders. This ranged from 'my life so far' information to occasional gaps in guidance information for a person's medication. No explanation was provided for the blank space and staff could be left to guess that it was either not necessary or overlooked. This too could cause confusion. People could not be confident that staff had all the guidance to provide support to the best of their abilities.

See Area for Improvement 1.

Overall, we recognised progress had been made at this service and changes were being implemented. Management acknowledged there was more to do to fully embed consistent assessment, planning and care recording practice. People can have confidence that their best interests, their health and wellbeing was the focus of the service.

Areas for improvement

1. To support people's health and wellbeing, the service provider should ensure that people's care and support information is as up to date as possible, clear and completed to a high standard.

This is to ensure that 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).

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 provider 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 individual's care and support, including diet and fluid intake, positional changes and bowel activity. Documentation was more consistently completed by staff to a suitable standard. Between the staff and management team, effective communication took place each day to make sure if any highlighted care and support matter needed further attention and action then this would be agreed and happen. People can have increased confidence that their essential care and support needs were receiving suitable attention.

This requirement was met.

Met - outwith timescales

Requirement 2

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

The service provider had put in place robust arrangements for the management of the service. A central focus for the manager was implementing improvements and there was an improvement team in place for assisting with this. During our inspection visit we saw reassuring evidence of improvement that was of benefit to people. Improvement ranged, for example, from care practice, communication, recording, safety concerns, environment matters, people's day to day and meal times experience.

Management and the improvement team carefully monitored and considered the impact of changes made and the resulting benefit to people's health and wellbeing. A full picture was gained. It was good to see the best practice, practical and flexible approach adopted. The importance of listening to people, family members and staff was understood.

This requirement was met.

Met - outwith timescales

Requirement 3

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 continued to be analysed to identify trends or patterns and for implementing any corrective action. In the last few months, there had been good progress made and a noticeable reduction in accidents and incidents that were previously causing serious concern for the service, people, families and external partners. Additionally, the service was sharing information appropriately with other agencies, including promptly notifying the Care Inspectorate when required.

This requirement was met.

Met - outwith timescales

Requirement 4

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. Overall, good progress was made in this area and in almost all instances, relevant, helpful information was present within people's care and support folder. Some improvement can still be made, but generally the progress made was reassuring that the service was committed to and fully aware of the standards to be achieved.

This requirement was met.

Met - outwith timescales

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
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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