

Care service inspection report

The Elms - Crosshouse Care Home Service Adults

7 Paddock View
Thorntoun Estate
Crosshouse
Kilmarnock
KA2 0BH
Telephone: 01563 550074

Inspected by: Julia Bowditch

Type of inspection: Unannounced

Inspection completed on: 14 March 2014



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Service provided by:

Thorntoun Ltd

Service provider number:

SP2003002275

Care service number:

CS2003000767

Contact details for the inspector who inspected this service:

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

Staff in this service continue to provide an enjoyable break for the people who use it. The care and support they provide is person-centred. They provide a good range of activities which people enjoy. They continue to respond well to the healthcare needs of the people who use this service.

The environment is clean and fresh and there are good systems for monitoring the environment to ensure that people are safe.

At this inspection we focused mainly on the environment and reviewed progress on the one requirement and three recommendations we made at the last inspection in October 2013.

What the service could do better

Follow up from accidents and incidents should be recorded.

Bins should have hands-free lids to minimise the risk of infection.

All staff should receive up to date training in fire safety as soon as possible.

Any actions identified from audits should be clearly recorded.

A continuous improvement plan should be developed for the service.

What the service has done since the last inspection

The provider has developed a policy for skin care and wound management and there were plans for staff to receive further training in its implementation.

The manager had issued questionnaires to ask for the views of carers and other stakeholders on the quality of the service provided.

Conclusion

The manager and staff of The Elms continue to provide a good standard of care and support. We found that they are committed to providing a service that gives the people who use it an enjoyable experience during their time there.

Who did this inspection

Julia Bowditch

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was registered with the Care Inspectorate on 31 October 2011.

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations and Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

The service is located in Thorntoun Estate midway between the villages of Crosshouse and Springside and is on the main bus route to Kilmarnock.

The Elms provides a short break and respite service for adults with learning disabilities who may also have physical disabilities.

The Elms has capacity for up to 10 people in single ensuite rooms.

The stated aim of the service is 'to provide a caring, warm and facilitative environment which is enjoyed and valued by all users of the service'.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following an unannounced inspection carried out by one inspector, Julia Bowditch on 7 March 2014 between 10:15 am and 2:45 pm. We gave feedback to the manager by telephone on 12 March.

In this inspection we focused on the one requirement and three recommendations we made at the last inspection in October 2013. We also looked at the environment which was not included in the last inspection. This report should be read along with the inspection report dated 22 October 2013 which can be found on our website at www.careinspectorate.com.

During this inspection we gathered information from various sources including the following:

We met and/or spoke with:

- five people who use the service
- one relative
- two support workers
- one senior support worker
- the manager

and observed interactions between staff and people who use the service.

We looked at:

- the service's most recent self assessment
- insurance certificate
- registration certificate
- dependency tool
- questionnaires
- three care plans
- skin care policy
- risk assessments
- audits
- accident and incident records
- fire checks

- repairs and maintenance book
- the environment

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any requirements we made at our last inspection

The requirement

The service provider must update the policy and procedures for pressure ulcer prevention to reflect best practice and ensure that all staff are aware of the policy and procedures. This must be reflected in staff training and supervision records. This is to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 Regulation 4 (1) (a) Welfare of service users and Regulation 15 (b) (i) Staffing. This should take account of, 'The Practice Statement: Pressure Ulcer Prevention and Management of Pressure Ulcers (2009) Healthcare Improvement Scotland (HIS) formerly NHS QIS'. Timescale: 4 weeks from receipt of this report.

What the service did to meet the requirement

Please refer to Quality Statement 1.3 for details.

The requirement is: Met - Outwith Timescales

What the service has done to meet any recommendations we made at our last inspection

We made three requirements at the last inspection:

The manager should ensure that records of accidents and incidents clearly show what follow up action has been taken.

National Care Standards Care Homes for Short Break and Respite Care Services for Adults, Standard 5: Management and staffing arrangements

Not met. Please refer to Quality Statement 1.3 for details.

The manager should use the information gathered through quality assurance to inform clear, measurable time limited action plans.

National Care Standards for Short Break and Respite Care Services for Adults, Standard 5: Management and staffing arrangements

Not met. Please refer to Quality Statement 4.4 for details.

The manager should develop a continuous improvement plan which reflects the findings of quality assurance processes and the involvement of stakeholders (including residents, carers, staff and external agencies) from participation and feedback methods such as complaints, meetings, forums and questionnaire responses.

National Care Standards for Short Break and Respite Care Services for Adults, Standard 5: Management and staffing arrangements

Not met. Please refer to Quality Statement 4.4 for details.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

This was not applicable during this follow up inspection. See inspection report dated 22 October 2013 for previous comment on the self assessment submitted to the Care Inspectorate by the service. This can be found at www.careinspectorate.com.

Taking the views of people using the care service into account

During this inspection we met people who use the service and observed staff interactions. Everyone appeared relaxed and comfortable with staff who responded respectfully to their needs. Those we spoke to told us that they enjoyed coming to The Elms and liked the staff. They also told us of the different activities they liked to do.

Taking carers' views into account

During the inspection we spoke with one carer of a person who uses the respite service. They were happy with the standard of care and the staff who provided it and told us that their relative goes out in the bus 'all over the place' while they're here. The relative told us they kept busy while on respite.

For other comments from carers please see the previous inspection report dated 22 October 2013 which can be found at www.careinspectorate.com.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found that this service continued to be good at involving the people who use it in the assessment and development of their care and support. We decided this after looking at support plans and other written evidence and meeting people who use the service and staff.

We looked at the service's performance under this Quality Statement during the last inspection. Please refer to the previous report dated 22 October 2013 which can be accessed from our website at www.careinspectorate.com for what we found at that time. At this follow up inspection we looked progress on this statement, in particular evidence relating to the areas we had identified as needing to be improved.

Since the last inspection the manager had issued questionnaires to parents/carers asking them for their views on the service. Response had been low but those we saw were very positive about the service and management and staff.

Areas for improvement

In the questionnaires sent to parents/carers we saw that four of the five people who responded were unsure of who their relative's keyworker was but we did not see any response from the manager to this feedback. The manager should evaluate responses to questionnaires and feed back to people who completed them to show that their views are being listened to.

As we said at the last inspection, the manager and staff should continue to develop the many ways that people can become involved in service improvement and continue to encourage participation. They could do this by researching best practice in

order to take forward their participation agenda. Some examples of guidance on how to promote service user involvement can be found at:

www.careinspectorate.com/index.php?option=com_content&view=article&id=7791:how-to-involve-people-whouse-yourservice&catid=264&Itemid=639 and www.scie.org.uk/publications/guides/guide17/files/guide17.pdf

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We found that performance by this service was now good in the areas covered by this statement. Please refer to the previous report dated 24 October 2013 which can be accessed from our website at www.careinspectorate.com for what we found at that time.

We made one requirement and one recommendation with regard to this statement during the last inspection and at this follow up inspection we looked at what the service had done to progress them. Because of the improvements made we have increased the grade for this statement from 3 - Adequate to 4 - Good.

The provider submitted an updated policy and procedure for skin care and wound management which was sent to the Care Inspectorate Senior Tissue Viability Adviser for comment. She found that the policy now covered the key points of good skin care, pressure ulcer prevention and wound management and suggested a few minor changes before staff received training in the new policy. We saw that dates had been identified for training for staff by an NHS Tissue Viability Specialist Nurse. Therefore this requirement has been met.

We also noted that staff in the service regularly visited a service user in hospital to help to ensure that they received appropriate support.

Areas for improvement

We made a recommendation at the last inspection that records of accidents and incidents should show what action had been taken as a result in order to ensure that all staff knew what the follow up had been and so minimise the risk of recurrence. At this inspection we did not find any improvement in this area and so the recommendation is repeated here. (See Recommendation 1 under this statement)

We found that staff continued to record the temperatures in medication cabinets in bedrooms or en suite. While this was good practice we found that some were consistently higher than the recommended storage temperature for medications at room temperature. As at the previous inspection, we did not see any information on what actions, if any, staff had taken if temperatures were too high. It was also unclear whether staff knew what the acceptable limits were for storage of medication. It is important for the health of people who take the medicines that they are stored at the correct temperature to ensure that their effectiveness is not reduced. (See Recommendation 2 under this statement)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The manager should ensure that records of accidents and incidents clearly show what follow up action has been taken.

National Care Standards Care Homes for Short Break and Respite Care Services for Adults, Standard 5: Management and staffing arrangements

2. The manager should ensure that when it is identified that a medicine is being stored at a temperature outwith the normal range, action is taken to remedy the situation.

National Care Standards Care Homes for Short Break and Respite Care Services for Adults, Standard 5: Management and staffing arrangements and Standard 15: Keeping well - medication

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

The performance for service user involvement under this statement was found to be good. Although we did not look at this statement previously the evidence under Quality Theme 1, Statement 1 in the last inspection report dated 22 October 2013 is also relevant. It can be accessed from our website at www.careinspectorate.com.

Areas for improvement

The areas for improvement have been included under Quality Theme 1, Statement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We found performance by this service to be good in the areas we looked at under this statement.

There were various measures in place in the home to ensure the safety of the people living there.

There was a secure door entry system that allowed staff to control who had access to the house. Visitors were required to show identification and sign in.

On our walkround of the home we found that it was in good repair, fresh and cleaned to a high standard. Cleaning rotas were in place. Regular domestic audits and maintenance audits ensured that the internal and external environment was maintained to a high standard - these along with other checks such as food temperature checks and daily fridge and freezer temperature checks were important to ensure that risks due to infection were minimised.

Staff had received training in food hygiene and we saw that following a recent food hygiene inspection identified issues had been promptly dealt with. The service kept food samples refrigerated for 48 hours in case of any infection control issues.

We saw that any repairs required were recorded in a repairs and maintenance book and carried out within a reasonable timescale, although it was not always clear from the book whether repairs had been completed. However following discussion with the manager we were satisfied that this was a recording issue. It was good to see that the manager met weekly with the maintenance person to monitor and ensure that routine maintenance was carried out.

We looked at a recent fire report and saw that actions required were carried out promptly. The manager and fire warden had carried out a fire assessment recently to ensure that there were good systems in place for dealing with identified risks. There were regular fire drills, checks on fire extinguishers and emergency lighting. On each shift a member of staff was identified as the person responsible for ensuring checks were carried out. Each person who used the service had an individual risk assessment to guide staff on how to evacuate them from the building in the event of an emergency.

As we said in Statement 1.3 we saw that there was a system for reporting accidents and incidents. But we have asked the manager to ensure that any follow up is recorded on accident and incident forms to ensure that all staff are aware of what

had happened and what action had been taken and so help to minimise the risk of a similar incident happening again.

Areas for improvement

We looked at training records and saw that new staff were still to receive fire awareness training. Refresher training for existing staff was also required although we saw that regular fire checks were being carried out. We note that the manager had arranged to meet with the Fire Services to take advice on the training required. Following the inspection the manager informed us that the Fire Services were carrying out a full risk assessment and training dates would be set once this was completed. Training should be completed as soon as possible. (See Recommendation 1 under this statement)

We found that bins used to dispose of hygiene waste such as soiled incontinence pads were open and did not have lids. The manager told us that lids were available and would be placed on bins. In order to reduce the risk of infection all bins should have lids and be able to be operated hands-free. They should also be separate from bins for other waste products such as paper hand towels so that bins containing hygiene waste were not opened as often. These measures would reduce the risk of infection. (See Recommendation 2 under this statement)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. All staff should receive up to date training in fire safety.

National Care Standards Care Homes for Short Break and Respite Care Services for Adults, Standard 5: Management and staffing arrangements

2. The manager should ensure that bins for the disposal of hygiene waste have lids that can be operated hands-free.

National Care Standards Care Homes for Short Break and Respite Care Services for Adults, Standard 5: Management and staffing arrangements

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

We found that this service continued to be good at involving the people who use it in having their say on the quality of staffing. We looked at the service's performance under this quality statement during the last inspection. As we made no recommendations or requirements at that time, it was not included in the focus of this inspection. Please refer to the previous report dated 22 October 2013 which can be accessed from our website at www.careinspectorate.com for what we found at that time.

Areas for improvement

Please refer to the previous report dated 22 October 2013 which can be accessed from our website at www.careinspectorate.com for what we found at that time.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We looked at the service's performance under this quality statement during the last inspection. As we made no recommendations or requirements at that time, it was not included in the focus of this inspection. Please refer to the previous report dated 22 October 2013 which can be accessed from our website at www.careinspectorate.com for what we found at that time.

We also note that additional training in skin care and wound management is planned as described in Quality Statement 1.3 above.

Areas for improvement

Please refer to the previous report dated 22 October 2013 which can be accessed from our website at www.careinspectorate.com for what we found at that time.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

We found that this service continued to be good at involving the people who use it in having their say on the quality of management and staffing. We looked at the service's performance under this quality statement during the last inspection. As we made no recommendations or requirements at that time, it was not included in the focus of this inspection. Please refer to the previous report dated 22 October 2013 which can be accessed from our website at www.careinspectorate.com.

Areas for improvement

Please refer to the previous report dated 22 October 2013 which can be accessed from our website at www.careinspectorate.com for what we found at that time.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We looked at the service's performance under this quality statement during the last inspection. In this inspection we focused on the two recommendations we had made at that time. Please refer to the previous report dated 22 October 2013 which can be accessed from our website at www.careinspectorate.com for what we found.

We noted that since the last inspection the manager had issued further questionnaires to stakeholders and we saw that responses from a Community Learning Disability Nurse (CLDN) and a Day Opportunities Centre were very positive. They included:

"Clients' needs are always met at The Elms. Staff are always willing to take on advice or suggestions provided by the CLDN."

"Clients always enjoy their time at The Elms and have access to various activities in the community."

"The Elms is an excellent respite service and is valued in East Ayrshire."

"Communication (with the service) is first class."

"Good professional staff team."

Areas for improvement

We made two recommendations at the last inspection but did not find evidence that they had been addressed:

It continued to be unclear when or whether any identified actions had been completed following audits. As at last inspection there were no clear timescales for actions to be completed. Therefore the recommendation we made at the last inspection is repeated here. (See Recommendation 1 under this statement)

We did not see a continuous improvement plan for this service with action plan, timescales and evaluation of progress reflecting the findings of all quality assurance processes. Therefore the recommendation we made at the last inspection is repeated here. (See Recommendation 2 under this statement)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The manager should use the information gathered through quality assurance to inform clear, measurable time limited action plans.

National Care Standards for Short Break and Respite Care Services for Adults,
Standard 5: Management and staffing arrangements

2. The manager should develop a continuous improvement plan which reflects the findings of quality assurance processes and the involvement of stakeholders (including residents, carers, staff and external agencies) from participation and feedback methods such as complaints, meetings, forums and questionnaire responses.

National Care Standards for Short Break and Respite Care Services for Adults,
Standard 5: Management and staffing arrangements

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Environment - 4 - Good	
Statement 1	4 - Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings	
22 Oct 2013	Unannounced	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	4 - Good
6 May 2013	Re-grade	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	2 - Weak
		Management and Leadership	2 - Weak
14 Feb 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

Inspection report continued

4 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 3 - Adequate Not Assessed
17 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
29 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed Not Assessed 4 - Good
19 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 3 - Adequate
8 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
21 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate
30 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Translations and alternative formats

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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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