

# William Simpsons Care Home Service

Main Street Old Plean Stirling FK7 8BQ

Telephone: 01786 812 421

Type of inspection:

Unannounced

Completed on:

7 February 2024

Service provided by:

William Simpson's

Service provider number: SP2010011371

Service no:

CS2010279960



## Inspection report

#### About the service

William Simpson's is a purpose-built residential care home with a separate building that can accommodate up to six people as part of a respite or transitional provision.

The home is located outside the village of Plean, and sits in seven acres of well-maintained private grounds that include a walled garden.

The main care home supports up to 64 people. Eight 'flat' style units support up to eight people. Each flat has communal living spaces and each room has en suite shower facilities. There are also communal bathrooms in the home.

The service is a registered charity that specialises in offering care and support to adults and older people with long-term mental health and alcohol misuse issues.

## About the inspection

This was an unannounced inspection which took place on 6 and 7 February. 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:

- spent time with 10 people using the service and spoke with three of their relatives
- spoke with 15 staff and management
- · observed practice and daily life
- · reviewed documents
- spoke with visiting professionals.

## Key messages

- People using William Simpsons can expect to receive a very good level of care and support.
- We found staff and management were motivated and committed to ensuring people's needs were met and opportunities for meaningful activity were created and supported.
- The range of planned activity on offer was extensive and varied. Links with the local community had continued to be built on since the last inspection and there was some excellent work continuing around this.
- People using the service told us they were well looked after and happy living there.

## 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?	5 - Very Good
How good is our leadership?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

People were treated with dignity and respect. Staff were evidently caring and compassionate. We observed some really kind interactions with people that included staff listening to, engaging with and supporting people to be independent and included. We observed how, within the small flat setting, personal friendships were encouraged and supported by staff. This helped create a sense of community and belonging, and people described how this helped them feel valued.

The service had recently launched its own scheme to promote movement and activity. This was called the 'move more' awards and had been established to help promote movement and wellbeing amongst all people living in the home. There would be an award of their choice given to people to help incentivise them. We heard from staff whose role was around activity about this and could see there was a great deal of enthusiasm for this as well as other planned and organised events and activities within the home.

People were enabled to move around freely and live their lives in ways that suited their needs and abilities. People living in the home were encouraged to develop skills and be as independent as possible. We heard how there were many opportunities for people to get involved in a great range of activities, and integration within the local community was being supported to enable improved outcomes for people. We heard from professionals associated with the service who found this aspect of the home to be a real strength in helping people get the most out of life.

Medication was well managed with appropriate actions taken to ensure people were supported safely with medication. We noted that staff were responsive to changes and took action to address any anomalies with people's prescribed medication, for example. Staff were clear about medication practice and carried out robust actions such as checking and spacing of medication to suit necessary timings. The service used an electronic medication recording system and there was refresher training for all staff with the system provider coming up, in order to support staff with the system on a regular basis. Competency checks took place regularly to enable continued good practice.

We could see that staff worked hard to ensure the best possible outcomes for people, in a sensitive, respectful and encouraging way. An example of this was in supporting someone around their decisions about medication, which we were able to track through records. This had meant that symptoms of the person's condition were able to be lessened, improving their overall quality of life.

We made some suggestions that the service could look at to support continuous improvement. For people who decline to get involved in activities and whose range of interests is limited, we suggested further work could be done to gain insight about their day-to-day outcomes, and what makes a good day for them.

Also, for people whose desire is to move back to their previous home or move on and this isn't yet or is unlikely to be a possibility, we thought the service could look at what is the next best thing for them and implement strategies to create opportunities to offer this in a planned way.

### How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore, we evaluated this key question as very good.

Staff and people supported by the service fed back that they felt the managers were approachable and supportive.

Staff meetings took place and feedback was given to staff teams around their performance. We thought this could be more focused on capturing the quality of their work rather than the quantity or frequency/timely completion of tasks. Staff felt they could contribute and were listened to.

Accidents and incidents were recorded and responded to appropriately, with appropriate notifications made to relevant bodies. We saw that where further discussions were needed, the service engaged with appropriate professionals to fully support people.

Observations of staff practice and medication audits took place to ensure practice was safe and robust.

There were a range of quality assurance measures in place including audits, the service development plan and self-evaluation. These were informed by different streams including service user and staff feedback. This helped ensure that people who used the service were able to shape how it progressed and developed.

We made some suggestions to streamline some audits by giving consideration to what they were informing and also to whose responsibility they were, as we felt some checks carried out by support staff should sit with other specific departments across the home. This could increase the time available for support staff to engage with people, particularly those folk who did not get involved in planned activity.

There was a positive learning culture within the service. Staff supervision took place and staff felt they had the chance to learn and develop and were encouraged to make progress with qualifications and training. Supervisors worked rotationally with night shift staff to ensure good practice across all shift times and offer support and guidance as needed. In addition, there were some opportunities for staff to develop and progress within roles. This supported succession planning and retention of staff skills and knowledge.

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

People experiencing care should be confident that their chosen guardian or advocate will be contacted and discussed with prior to any medical intervention. In order to achieve this the manager should;

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Ensure there is clear and robust guidance in place to support staff in making sure they have contacted and recorded any discussions with people's quardian or advocate prior to any medical intervention.

This area for improvement was made on 10 November 2022.

#### Action taken since then

We found sufficient evidence of reviews and ongoing communication from staff to relatives and professionals about people's needs. We received good feedback from stakeholders that supported our findings that communication and liaison was happening robustly. From reviewing care plans we could see there was information for staff about people's guardian or next of kin for instance. We suggested to the management team that some work around supporting staff understanding of the differences between these roles could be helpful and were pleased to hear that this was under development.

This area for improvement is met.

#### Previous area for improvement 2

People experiencing care and or their chosen advocates should be confident that if they raise concerns with their service provider, these will be responded to appropriately. In order to achieve this the provide should: Ensure there is a robust policy in place with clear guidance for staff to follow when concerns and complaints are raised. The manager should support staff to respond to concerns raised appropriately.

This area for improvement was made on 10 November 2022.

#### Action taken since then

Action taken included improvements in the complaints policy and procedure. We suggested this could helpfully be closed off by asking for confirmation of satisfaction upon completion of an investigation. We saw that where concerns or complaints had been raised these were recorded and actions taken were appropriate.

Management responded to people's views and comments. We suggested it would be helpful to see any issues being raised by staff at meetings be tracked and recorded so there was a clear link from one staff meeting to the next to help support transparency and understanding around actions being taken.

This area for improvement is met.

## Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very 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 and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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