

Trindlemoss House Care Home Service

15-20 Trindlemoss Court
47 Tarryholme Drive
Irvine
KA12 0EZ

Telephone: 01294 316 630

Type of inspection:
Unannounced

Completed on:
13 March 2024

Service provided by:
North Ayrshire Council

Service provider number:
SP2003003327

Service no:
CS2019375323

About the service

Trindlemoss House is registered to provide a care home service for up to six adults with learning disabilities and/or autism. At the time of inspection six people were living in the home. The provider is North Ayrshire Health & Social Care Partnership.

Trindlemoss House is based in Irvine, North Ayrshire and offers accommodation in single person, self contained flats with access to a garden area. Residents have access to support from staff throughout the day and night. The accommodation was extensively refurbished to suit the needs of people, and residents have access to private and shared gardens as well as leisure facilities at the nearby Trindlemoss Day Opportunities. The service is located near local amenities and people are supported to access their community.

About the inspection

This was an unannounced inspection, which took place on 6th March and 8th March 2024. 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. To inform our evaluation we spoke to two people using the service and two of their family members, spoke to nine staff and management, observed practice and daily life, reviewed documents and spoke with visiting professionals.

Key messages

- Staff knew people well and were able to use this knowledge to provide good person centred support.
- People were supported with a range of activities and interests.
- The staff team have been developing their ideas on supporting people to promote their independence, however this is not yet embedded across the service.
- Quality assurance systems had been introduced, but were not yet consistently informing areas for development or improving practice.
- The current system of repairs impacts on the services ability to ensure people's environment is suitable for their needs.

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

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 evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff knew people well and were able to use this knowledge to support people. We found warm and genuine relationships between people supported and staff. Staff were respectful in their interactions and encouraged residents to independently try tasks first, then stepping in to provide support. A relative told us "they support her to make choices, certainly more than we do, so we are trying to promote her independence at home now too." This allows people to maintain their independence and helps to develop new skills.

There had been an increased focus on activities and supporting people with meaningful activity since the new manager's appointment. This had involved attending a range of local community resources - including Bouncestation, swimming and discos. Use of the day opportunities, facilities and bus had improved the opportunities available. This had helped people to get the most out of life.

We did not see a consistent approach to encouraging involvement in day to day activities such as housework and shopping. People should be encouraged to participate in whatever capacity they are able to. This ensures people feel empowered. (see area for improvement 1)

People should be supported to get the most of life, because staff have an enabling attitude and believe in their potential. We heard that there had been increasing opportunities for positive risk taking, supporting people to develop their skills and get the most out of life. The service should continue to work on this, to ensure people are supported to identify what needs to be in place to reach their full potential (see area for improvement 2).

The content of care plans was variable. Some contained good person centred information in relation to the support to be provided, however, we were not always able to see how these strengths would be used to develop skills. There was not always a continuous link between the support plan, risk assessment, review and updating of support plan. This had the potential to impact on peoples outcomes. This should be addressed as part of the quality assurance process. (See area for improvement 1 under Key question 2: How good is our leadership?)

Risk assessments were in place for episodes of restraint and seclusion and these had been regularly reviewed. Staff reported that they had worked on supporting people with positive behaviour techniques, which had led to a reduction in restrictive practices.

There was a robust procedure in place for medication administration and covert medication was appropriately documented. We saw evidence that appropriate external health professionals were involved in peoples care planning. This ensured that peoples health and well being was maintained.

The language used in written and verbal communication was not always person centred or supportive, and was not reflective of how we observed support being provided. It is important that people are referred to by their names rather than house numbers in paperwork and discussions.

Each person had their own home which has been customised to suit their needs and assessed risk where this was required. It was good to hear that there were plans to personalise people's houses and surrounding area, to reflect their choices and wishes and to make them more homely. This should be fully explored to ensure people have as much choice as possible to enable a sense of inclusion and belonging.

Areas for improvement

1. The provider should be consistent in ensuring people have the opportunity to be involved in day to day activities and ensure accurate recording of the same.

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which state that "I am empowered and enabled to be as independent and as in control of my life as I want and can be". (HSCS 2.2)

2. The provider should ensure that people's outcomes match their aspirations and ability to develop new skills and this should be central to their support.

This is to ensure that care and support is consistent with the Health and Social care Standards (HSCS) which state that "I am empowered and enabled to be as independent and as in control of my life as I want and can be". (HSCS 2.2)

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We found that there had been changes since the new manager took up post. Staff reported that they saw positive improvements which had a beneficial impact on people supported.

We saw evidence that supervisions and team meetings were now taking place. The staff team were engaged and keen to be involved in changes and developments to improve outcomes for people.

Staff had been asked for their ideas on ways to improve the garden area. This motivation and improved teamwork supported more positive outcomes for people.

The quality assurance system included a monthly spreadsheet covering key areas such as supervision, support plan audits, team meetings, finance audits and review of training completed. At the time of inspection, no support plan auditing was being undertaken (see area for improvement 1). When this is embedded, it will assist in identifying areas for development and informing service improvements.

There are systems in place to allow overview of incidents and accidents with monthly reporting identifying themes. This informed the service improvement plan which was regularly reviewed. This allows any necessary action to be taken to promote positive outcomes for people using the service.

The repairs outstanding spreadsheet was reviewed and both the managers reported that outstanding repairs had been escalated. It was evident that repairs were not completed in a timely manner. The onsite coordinator was unable to access documentation such as the portable appliance testing records, due to council procedures, and as such it was not possible to confirm that these had been completed. The delay in repairs being actioned impacted on outcomes for people supported. (see area for improvement 2)

There were plans in place to pilot the addition of a senior carer role in the staff structure, to support the role of nursing staff within the service. This will improve the oversight of quality assurance activities, ensuring the quality of care and support to people.

Areas for improvement

1. To support people's wellbeing, the provider should improve its quality assurance around care planning.

This should include, but is not limited to, ensuring that plans fully reflect people's needs, six monthly.

Reviews are held, and risk assessments including consent for restraint are up to date, signed, and accessible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

2. To ensure people live in an environment that is safe and secure, the provider should ensure that any identified repairs are carried out promptly to minimise the impact on people using the service. This should include having any relevant documentation available within the service at all times, to ensure the management team and relevant parties can view when required.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment". (HSCS 5.24)

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 people's wellbeing, the provider should improve its quality assurance around care planning.

This should include, but is not limited to, ensuring that plans fully reflect people's needs, six monthly.

Reviews are held, and risk assessments including consent for restraint are up to date, signed, and accessible.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 1 December 2021.

Action taken since then

The service had access to quality assurance tools, which did not appear to be used consistently or link to service improvements with regards to support plans.

It was reported that no full audits of support plans had taken place, which was supported by the KPI report.

To support the continued service improvement the provider should review the quality assurance system and processes including, the activities required, how often and who is responsible for each activity.

This area for improvement has not been met and will be repeated.

Previous area for improvement 2

To support people's health and safety, the provider should improve its quality assurance around infection prevention and control. This should include, but is not limited to, completing all cleaning schedules at the appropriate time, and auditing these documents to monitor performance and identify any improvements needed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 1 December 2021.

Action taken since then

The service had cleaning schedules in place and supplies of PPE available in each flat should it be required.

Regular infection prevention and control audits were carried out and any actions informed the service improvement plan.

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.

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

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