

# Clare House Care Home Service

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Dunblane  
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**Type of inspection:**  
Unannounced

**Completed on:**  
6 March 2024

**Service provided by:**  
Consensus Support Services Limited

**Service provider number:**  
SP2008010028

**Service no:**  
CS2008184125

## About the service

Clare House is a care home service for a maximum of 13 adults with Prader-Willi Syndrome and learning disabilities. It is situated in a residential area of Dunblane, Stirlingshire. The service has been registered with the Care Inspectorate since 1 April 2011.

The provider of the service is Consensus Support Services Limited.

Clare House sits in large garden grounds and has easy access to local amenities and transport links. People also benefit from the service having its own vehicles.

At the time of this inspection, 11 people were living in the home. Nine people lived in the main house, while two people had their own 'flats' which are joined onto the main building. The main house is set out over two floors. It has ensuite bedrooms on both floors, along with a lounge, activities room, and dining room.

## About the inspection

This was a follow up inspection which took place on 6 March 2024. The inspection was carried out by an inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations we:

- Spoke with the registered manager, depute manager and external manager.
- Spoke with support staff.
- Spoke with people living at Clare House.
- Observed staff practice and daily life.
- Reviewed daily recordings, quality assurance records and other documents relevant to the inspection.

This inspection was carried out specifically, to follow up on the three requirements and four areas for improvement made in the inspection report dated 19 December 2023. These related to supporting people to get the most out of life, risks associated with passive smoking, managerial presence in the home, safety and security of the premises, staff induction into the service, assessment of people's funded staffing, and care planning.

## Key messages

- Leaders and staff had responded well to the three requirements and four areas for improvement.
- Managerial presence in the home had improved.
- Safety and security of the premises had improved.
- Care planning had improved.

## 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

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

When we inspected Clare House in December 2023, we made an area for improvement around people being supported to meet with their key worker on a regular basis, to identify and work towards achieving their goals. Opportunities for people to identify goals and 'get the most out of life' were not being maximised.

We also made an area for improvement around people smoking and 'vaping' at the front of the property. People were at risk harm due to the risks associated with passive smoking.

During this inspection, we found leaders and staff had made significant improvements in these two areas.

Because these improvements made a positive difference to people's wellbeing, we decided to re-evaluate from "Adequate" to "Good" Key Question 1 - How well do we support people's wellbeing?

Please see the section, "What has the service done to meet any areas for improvement we made at or since the last inspection" for more information.

## How good is our leadership?

4 - Good

When we inspected Clare House in December 2023 we made a requirement about on-site managerial presence in the home. We were concerned that staff reported there was a lack of managerial presence in the home. We were also concerned that newly recruited managers had not received an appropriate induction into their role. This put people at increased risk of harm.

During this inspection, we found that leaders had made a significant improvement in this area.

Because of these improvements, we decided to re-evaluate from "Adequate" to "Good" Key Question 2 - How good is our leadership?

Please see the sections, "What the service has done to meet any requirements made at or since the last inspection" for more details.

## How good is our staff team?

4 - Good

When we inspected Clare House in December 2023, we made a requirement about staff inductions into the service. We were concerned that staff inductions were not being carried out as well as they should, which put people at risk of harm.

We also made an area for improvement around ensuring staffing levels met people's assessed needs. Staff we spoke with were unsure if people were receiving all their assessed hours. This had the potential to negatively impact on people's outcomes.

During this inspection, we found that leaders had made a significant improvement in these areas.

Because of these improvements, we decided to re-evaluate from "Adequate" to "Good" Key Question 3 - How good is our staff team?

Please see the sections, "What the service has done to meet any requirements made at or since the last inspection", and "What the service has done to meet any areas for improvement we made at or since the last inspection", for more details.

## How good is our setting?

### 4 - Good

When we inspected Clare House in December 2023, we made a requirement about safety and security of the premises. We were concerned that inadequate security measures posed the risk of intruders entering the home and people absconding from the home. This put people at risk of harm.

At this inspection we found that leaders and staff had made significant improvements in this area.

Because of these improvements, we decided to re-evaluate from "Adequate" to "Good" Key Question 4 - How good is our setting?

Please see the sections "What the service has done to meet any requirements made at or since the last inspection" for more details.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

The provider must ensure that the service is led well with regular on-site managerial presence.

By 28 February 2024, the provider must ensure that people benefit from having a well led staff team.

In order to achieve this, the provider must, at a minimum:

- a) Ensure there is a regular on-site managerial presence in the service, in line with the provider's own expectations; and
- b) In the manager's absence, ensure those staff who deputise are appropriately trained and skilled.

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 states that:

'I use a service and organisation that are well led and managed'. (HSCS 4.23)

**This requirement was made on 3 January 2024.**

## Action taken on previous requirement

The provider and leaders in the service had responded well to this requirement.

The registered manager was spending more time within the home. Leaders and staff were using a clocking in and out system. This meant external managers could monitor the managerial presence in the home. Staff we spoke with confirmed that managers were more visible within the home.

Staff inductions had improved. This included, checking that recently recruited managers had been supported to complete all of their induction in-line with the organisation's own expectations.

Taken together, these measures had improved leadership and management in the home.

This requirement had therefore been met.

## Met - within timescales

### Requirement 2

The provider must ensure that all staff have received an induction, training, and guidance appropriate to their role and responsibilities.

By 28 February 2024, the provider must ensure that people experience support from staff who are trained and competent in carrying out all aspects of their role.

In order to achieve this, the provider must, as a minimum:

- a) Ensure all staff, including managers, have received an induction into the service in line with their own organisational requirements;
- b) Take remedial action to address any gaps in staff inductions; and
- c) Ensure that all staff who are requested to take on additional team leading responsibilities have received training and guidance appropriate to that role.

This is in order to comply with regulation 15 (b) (i) (staffing) 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 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)

**This requirement was made on 3 January 2024.**

## Action taken on previous requirement

Leaders in the home had responded well to this requirement.

Records we checked indicated that all staff had completed the necessary induction process into the service. Leaders had established the areas where there were gaps in some staff's inductions, and had taken the necessary steps to address this.

Staff who were required to take on team leading or shift leading responsibilities had received the appropriate training and guidance relevant to the roles.

Taken together, these measures had improved staffing within the home, and had reduced the risk of harm to people.

This requirement had therefore been met.

### Met - within timescales

#### Requirement 3

The provider must ensure that the care home service is safe and secure at all times.

By 28 February 2024, the provider must ensure that people are protected from the risk of unauthorised persons entering the home, and that appropriate safety arrangements are in place to minimise the risk of people absconding from the home.

In order to achieve this, the provider must, at a minimum:

- a) Ensure all external doors are safe and secure, so that people cannot freely access the building from the outside;
- b) Establish appropriate risk assessments and procedures to balance people's right to access outside space with minimal intrusion, when there is no known risk of absconding, while minimising the risks to those people who have a known risk of absconding;
- c) Ensure all staff are aware of these procedures and follow them at all times; and
- d) Ensure any changes are compliant with current fire safety legislation and guidance.

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 states that:

'My environment is secure and safe'. (HSCS 5.17)

**This requirement was made on 3 January 2024.**

#### Action taken on previous requirement

The provider and leaders in the home had responded well to this requirement.

General security in the building had improved to ensure both the risk of intruders entering the property, and the risk of people absconding had been reduced.

The provider was in the process of introducing technology to further improve safety and security. Those staff we spoke with were familiar with the new system and could demonstrate how to use it.

Taken together, these measures had reduced the risk of harm to people. This requirement had therefore been met.

**Met - within timescales**

## 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 and maximise people's opportunities to 'get the most out of life,' the provider should ensure people have the opportunity to meet with their keyworker at least once a month, in line with the organisation's own guidance. Meetings should be well recorded, goal focused, and have an agreed action plan detailing how people will be supported to achieve any goals they may have for the month ahead.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors'. (HSCS 1.25)

**This area for improvement was made on 3 January 2024.**

#### Action taken since then

Leaders and staff had responded well to this area for improvement.

Documents we sampled indicated that the majority of people living in the home had the opportunity to meet with their key worker on a monthly basis. Minutes of meetings were generally well recorded on focused on supporting people to identify and achieve their personal goals.

Leaders fed back to us that some people did not wish to have a monthly meeting. We respected people's choice as to whether they wished to participate. However, we advised leaders that staff should take a creative approach to gathering people's views, and suggested that conversations could take place naturally as people went about their daily life.

This area for improvement had been met. We will check progress at our next inspection, to ensure this practice has been embedded into the service so that opportunities to support people to get the most out of life are maximised.

### Previous area for improvement 2

To ensure people are protected from the risks associated with second hand cigarette smoke, known as 'passive smoking' the provider should make provision for smokers, and those who 'vape' to do so in a location outside where other people, staff, or visitors will not be placed at risk.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'. (HSCS 3.20)

**This area for improvement was made on 3 January 2024.**

#### Action taken since then

Leaders, staff, and people living in the home had responded well to this area for improvement.

Those people who chose to smoke or vape had been consulted with to identify an alternative outdoor space where they could do so without putting others at risk of harm. The provider had purchased a shelter where people could smoke or vape in the garden in an area that minimised the risks posed from passive smoking. People we spoke with were happy with the change.

This area for improvement had been met. We will check at our next inspection to ensure people continue to smoke and vape away from the building.

### Previous area for improvement 3

To ensure staffing levels meet people's assessed needs, including any additional one-to-one hours people may be entitled to, the provider should carry out an analysis of people's current funding. In the event current staffing is not reflective of people's assessed funding, the provider should develop an action plan to address it.

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and 'My needs are met by the right number of people'. (HSCS 3.15)

**This area for improvement was made on 3 January 2024.**

#### Action taken since then

Leaders in the home had responded well to this area for improvement.

Everyone who lived in the home had full assessment of their needs carried out since our last inspection. Appropriate people, both within the organisation and from statutory bodies, had been consulted with. Discussions were still ongoing at the time of our follow-up inspection.

This area for improvement had been met. We will check progress at our next inspection.

## Previous area for improvement 4

To support people's wellbeing and opportunities, the provider should ensure care planning is outcome focused and strengths based. This should include, but is not limited to, increasing staff awareness of outcome focused and strengths-based care planning, and consulting with key people to develop individualised outcomes.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential'. (HSCS 1.6)

**This area for improvement was made on 3 January 2024.**

### Action taken since then

Leaders and staff had responded well to this area for improvement.

Everyone's support plan had been reviewed and updated following our last inspection. Those plans we checked contained more detail, and had stronger focus on people's goals as well as their individual strengths.

The provider was in the process of introducing new support plan documentation which was more strengths based and outcome focused.

This area for improvement had been met. We will check progress at our next inspection.

## 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
3.1 Staff have been recruited well	4 - Good

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

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