

Hansel Cabin Respite Service Care Home Service

Hansel Village
Broad Meadows
Symington
Kilmarnock
KA1 5PU

Telephone: 01563 831 468

Type of inspection:
Unannounced

Completed on:
24 May 2024

Service provided by:
Hansel Alliance

Service provider number:
SP2003000261

Service no:
CS2003001302

About the service

Hansel Cabin Respite Service is registered as a Care Home service providing respite to a maximum of 12 adults with a learning disability. The provider is Hansel Alliance. The aim of the service is to offer breaks tailored to the interests and support needs of individual customers.

Hansel Cabin is based within the Hansel village site at Broad Meadows, Symington. It comprises of seven single rooms; one bedroom has an ensuite toilet, and one bedroom has an ensuite toilet and shower room. The Cabin has a kitchen/diner, sensory room and sitting/TV room. There is an accessible garden for people to use. Within the grounds of Hansel at Broad Meadows, people can access the wider grounds or visit Lindy's Tearoom on site. The service has their own transport and, whilst accessing respite, people enjoy visits to local places including Ayr, Prestwick and Kilmarnock.

The service has 2 static caravans located in the grounds of Hansel Village. At the time of inspection these were not currently being used.

The staff office base is at the Cabin. The registered manager co-ordinates the overall running of the service and manages the staff team who provide direct support to people.

About the inspection

This was an unannounced inspection which took place on 22 and 23 May 2024. The inspection was carried out by one inspector.

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 with one person using the service and four of their family
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- There was a strong consistent team of staff who had worked at the service for many years. This provided continuity to people and they were supported by staff who knew them well.
- Families were very positive about their loved ones experience of being supported by the service for their short breaks.
- People had detailed personal plans which were person-centred and outcome focused.
- Those supported were able to access a range of activities whilst they were staying at the Cabin.
- The environment needs to be improved and upgraded with disabled accessible shower and toilet facilities.

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?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	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.

During the inspection we were able to see kind, caring and fun interactions between people and the staff that were supporting them. It was clear that staff genuinely cared for the visitors to the Cabin.

We sampled people's personal plans and found that these provided clear information to inform staff on how to support people the way that was right for them. There were protocols in place which provided clear pathways to guide staff on managing people's individual health conditions.

Medication processes and records were reviewed. These records were found to be completed accurately with signatures and coding in the relevant places. Within personal plans there was information about people's medication and what it was for. Medication was reviewed and information updated at every visit.

People had access to a range of health care professionals, if needed, while they were staying at the Cabin. It was clear that the service had positive working relationships with the wider multi-disciplinary team. Personal plans contained detailed information and guidance from people's health care professionals. We received positive feedback from health care professionals about the care their clients received and the level of open communication from the service.

We were able to see clear records of where the service monitors people's health and wellbeing. This included people's skin condition, food and fluid intake and bowel charts if these were required for the individual. These were completed fully and information was passed over at staff handovers to ensure the team were well informed and that people's needs were met.

Those who visited the Cabin were able to access a range of activities that they wished to take part in. It was clear that people's choice was promoted well. A diary was kept of activities that people had taken part in to take home. Families were very positive about the care that their loved ones received. Some told us about the positive work the service had carried out in supporting people to transition into the service. One person's family member told us, 'our loved one refused a family holiday as they would prefer to go to the Cabin.' Another told us, 'you can't improve on perfection.' Families were confident that their loved ones were having fun and enjoying their stay at the service.

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.

It is important that care services have effective systems in place to assess, monitor and evaluate the quality of services provided. This is done by gathering evidence using audit tools, feedback from people using the service, and their relatives. This information should help drive service development and improve outcomes for people they support.

The service had had an operational annual audit carried out. This detailed the need for the service to develop a service improvement and development plan. We found that this had been actioned. The service development plan was reviewed. It provided clear oversight of the service, actions required, and who was responsible. This could be further developed by ensuring appropriate timescales are set for each of the actions required.

Hansel Cabin Respite Service had a robust quality assurance system in place. We saw evidence of monthly audits being carried out. Any issues found whilst carrying out these audits were followed-up and actioned.

People should be confident that they are being supported by trained, competent and skilled staff. The service had an overview of staff training. We could see that current staff training was up-to-date, and those that weren't had been contacted and had been booked on to training courses. There was a mixture of face-to-face training and online training. Staff spoke of being able to access additional training if they required it, and that additional training was prioritised if there was a new person who was coming to the service. During the inspection, staff had attended to take part in training specific to the needs of a new visitor to the service. All staff told us, if there was additional training they felt they needed, this would be accommodated. This ensures that people are kept safe and their needs will be effectively managed.

We found that the service had a supervision plan in place, however, it was difficult to track if supervisions had actually happened. The management team were positive that their supervisions were almost up-to-date. We received mixed feedback from staff about supervisions. Most told us they received regular supervision, however, others told us they had not had supervision as often as they should. All staff did tell us that the management team had an open door policy and that they would have no issues with raising any concerns. We sampled some supervision documents and found that these could be improved to encourage staff to reflect on their practice. These points were discussed with the management team who demonstrated that they were keen to improve. We look forward to reviewing the improvements at the next inspection.

We were able to see some minutes of team meetings that had taken place. These appeared to be well attended by staff. From the information detailed in the minutes, we felt that team meetings could be developed to provide a platform to encourage recorded discussion within the team.

The service actively sought feedback from people supported about their visit, as well as from families. The service carried out pre-visit phone calls, as well as post-visit phone calls to find out if the visitors had enjoyed their stay and if there was anything that could be improved on. This ensured that people and their relatives felt listened to and involved in their care and support.

How good is our staff team?

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.

We reviewed the provider's recruitment procedures and found them to be of a very good standard. The administration staff in the main office provided a very good standard of record keeping to allow us to evaluate their recruitment procedures. All appropriate checks were in place including; references, police checks, registration requirements, and interview notes and evaluations. These procedures ensured that potential employees were suitably vetted prior to working with vulnerable adults.

The service benefitted from a strong consistent team of staff who had built up positive supporting relationships with the people who use the respite service. The service had no requirement for the use of agency staff. Where there were any last minute shortages, these were covered by the staff team. This meant that people supported had continuity and were supported by people who knew them well.

We found that staffing numbers would fluctuate depending on the needs of people supported. This meant that people were safely cared for by the right number of people.

Staff had access to a range of mandatory training as well as additional person specific training. This ensured staff were trained appropriately to meet the needs of those they provided care to.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People could make use of the communal lounge, cinema/sensory room, and communal kitchen if they chose. They also had access to the outside area where there was seating to enjoy the surrounding gardens and wildlife.

We were pleased to see, since the last inspection, the service had improved the décor and general fabric of the building. We found that carpets and flooring had been replaced throughout. Bedroom furniture had been replaced, as well as the couches in the lounge area.

The service had one room which had ensuite facilities, the remaining shared a communal bathroom and separate communal shower. In the bathroom there was an assisted bath which provided hydrotherapy and was accessible to people staying in the service. However, we found that the communal shower room was not easily accessible to everyone using the service, only people that were able bodied could access this, therefore restricting the choices for others. This was raised at previous inspections, and in previous inspection reports as an area of improvement, however, this has not been met and will be repeated.

Areas for improvement

1. The provider should ensure that people are able to easily access facilities within the service regardless of their condition.

In order to achieve this:

a) the communal shower facilities should be easily accessible to all people using the service.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?**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.

We sampled a number of personal plans and were able to see that people who use the service were assessed prior to them having a short-break stay. The service made pre-visit calls to families. This ensured that they had the most up-to-date information about people in order to meet their needs during their stay. Staff would spend time with people's guardians when they brought their loved one to the Cabin to ensure all information in the personal plan was correct.

The personal plans in place provided some very good background about people's lives, their likes and dislikes, and their personal support needs assessments. This ensured care staff would be able to provide continuity of care whenever people returned for a short-break, as well as planning activities that people may like to take part in.

We found personal plans were outcome focused. We found good detail in the plans, giving staff clear instruction on how people wanted to be supported for each outcome. There was a good breakdown of people's support needs around medication and health and wellbeing.

People should be protected from risk of harm. We found that risk assessments were in place and these gave staff good information on how to protect people from risk of harm. The care and support documentation contained good risk assessments, and all other legal records were in place, if required. The daily staff notes and communication records were documented appropriately and made links to people's personal outcomes.

The manager ensured that people who use the service and their relatives were involved fully in the development and implementation of the care and support plans, including the evaluation and assessment of the overall satisfaction with the quality of service provided. This helped to create good relationships and foster mutual respect to ensure that the continued quality of care and support is achieved and maintained within the service.

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

The provider should ensure that people are able to easily access facilities within the service regardless of their condition.

In order to achieve this:

- a) the provider should ensure that the basic fabric and furnishings of the building are upgraded and any worn out carpeting and other items are replaced. The provider has a duty to ensure the basic fabric, furnishings and fittings of the environment are suitably provided and maintained.
- b) the communal shower facilities and ensuite shower facilities should be easily accessible to all people using the respite cabin service.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

This area for improvement was made on 9 March 2020.

Action taken since then

Since the last inspection, we found that the service had improved the basic fabric and furnishings within the building. However, no improvements had been made to the communal shower room. This meant only able bodied people were able to choose to have a shower as detailed in the main body of this report.

This area for improvement will continue.

See 'Key Question 4 - how good is our setting?'

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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