

Arran House Care Home Care Home Service

St. Leonards
East Kilbride
Glasgow
G74 2LA

Telephone: 01698737020

Type of inspection:
Announced (short notice)

Completed on:
5 July 2024

Service provided by:
Enable Scotland (Leading the Way)

Service provider number:
SP2003002584

Service no:
CS2018368484

About the service

Arran House is a care home service registered to provide care to adults with learning disabilities.

The provider is Enable Scotland (Leading the Way).

The service is located in St. Leonards, a residential area on the east side of East Kilbride town, with easy access to local amenities.

The premises is a two-story building. The service is using the ground floor which has a kitchen with a dining area and a lounge which opens onto the garden. The bedrooms are single occupancy, with access to own toilet and bathing facilities.

The large garden is surrounded by trees and offers people an outside space to enjoy in privacy. There are car parking spaces to the front of the building.

About the inspection

This was a short notice inspection which took place on 3 and 4 July 2024 between 09:30 and 16:00 hours. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection, we reviewed information about the 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:

- observed interactions with people using the service
- spoke with 10 staff and management
- reviewed satisfaction surveys from nine staff and written feedback from two staff
- observed practice and daily life
- reviewed documents
- spoke with two external professionals
- reviewed written feedback from two external professionals.

Key messages

- Personal plans included the information and guidance staff required to provide safe and consistent care and support.
- Staffing levels within the service were appropriate.
- A familiar staff team supported people.
- Staff liaised with external professionals to meet the needs of people supported.
- Regular staff supervision and team meetings should be available to all staff.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.

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 staff team?	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?

5 - Very Good

We found major strengths that had a positive impact on people's experiences and outcomes. We evaluated this key question as very good.

Staff completed training and used their knowledge and skills to support people. Staff were able to demonstrate a good understanding of people's likes, dislikes and daily routines. We observed staff being responsive to meet people's needs. This gave us confidence that people were being supported in safe and consistent way.

An individual service specification was in place which described what people should expect from the service. Where people did not have the capacity to make decisions about or consent to medical treatment, appropriate legal frameworks were used to safeguard people's health and wellbeing. Relevant individuals were appointed to make decisions on behalf of people who were unable to make their own choices or decisions.

People supported had a personal plan, these contained detailed information on how best to provide support. Health assessments, risk assessments and support plans had been completed using a multidisciplinary team approach. People's physical and mental health care needs were monitored and reviewed on a regular basis. Information recorded was analysed in order to monitor the impact of support and use for future care and support planning.

The provider had good links with local health and social care teams. Progress reports were shared with the wider multidisciplinary team as part of monitoring and reviewing people's care. External professionals spoke positively about the service and the care the staff team provided.

We found evidence to demonstrate that individual's healthcare outcomes were very good. The staff team were vigilant in monitoring people's health and general well-being. Concerns were promptly passed on so these could be discussed and acted upon. Where required planned interventions were carried out in order to support people's physical and mental health.

Staff knew their responsibilities in relation to adult protection and completed training to identify and report concerns. Where required these were escalated to appropriate services, including the Care Inspectorate.

Medication was managed well within the care home. The staff team supported people to take the right medication at the right time. The effectiveness of "as required" medication was monitored, and medication was regularly reviewed to ensure it continued to meet people's needs. People's health and wellbeing benefitted from safe and effective medication practices.

The staff team provided a daily routine in a safe environment which was structured around people's needs. People engaged in activities either alone or with the support from staff members, this offered positive social interactions. Opportunities were available for people to spend time outside in the large garden, walking in the local community or going for a drive in the care home transport. People we spoke with told us they would like to extend the options and availability of activities for people to enjoy. Progressing the work required in the sensory room being one of the suggestions.

When direct contact with family members had not been possible, people were supported to keep in touch via facetime.

Staff were knowledgeable of people's dietary needs; menu planning took place on a weekly basis that reflected people's likes and food they enjoyed. We reviewed the weekly menu and found on some days the guidance was not always being followed in relation to meal options available. Staff provided drinks and snacks and supported people to ensure they had adequate food and fluids throughout the day. It was positive to hear that support was being requested from the dietician to review people's dietary needs.

How good is our staff team?

4 - Good

We evaluated this key question as good, there were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences.

Staff from the management team had attended the Care Inspectorate's information session on safe staffing in order to increase their knowledge and understanding of the Health and Care (Staffing) (Scotland) Act 2019 which was enacted on 1 April 2024.

Prior to receiving a service, people's needs were assessed, and a service specification was developed, this included the number of staff required to safely support people. Recruitment of staff was tailored to people's individual requirements in order to provide the best support.

We were satisfied that appropriate staffing levels were in place both during the day and overnight. Staff rotas and discussions with staff confirmed the staffing arrangements. All staff told us they had enough time to provide care and support without rushing.

Staffing levels had enabled people to spend time out with the care home without time restrictions in place. This included drives to various locations for a walk and a picnic lunch.

The provider had developed a staff competency tool which was due to be implemented. This will be used to assess if staff have sufficient knowledge and skills required to carry out their role and responsibilities when on shift. This will also be used to ensure the skill mix is correct and staff are deployed correctly.

Where training gaps are identified, the provider will have an action plan in place to address these in order to improve outcomes for people. Where there had been difficulty accessing specific training, the provider had put in place a contingency plan.

The service had experienced a high turnover of staff and recruitment was ongoing to fill vacant positions. Staff were flexible and worked additional shifts in order to maintain safe staffing levels. This meant people were continuing to experience care from staff they knew, this was important as it provided consistency and continuity.

The provider had welcomed staff feedback via staff questionnaires in order to improve the quality of the service. We viewed the collated information which identified areas consistent with our findings from the inspection. Most of the areas identified had been included within the service improvement plan to be actioned.

Support was available for the staff team; we were told supervision meetings had recently recommenced. This enabled staff to meet with a line manager on a one-to-one basis, some staff confirmed this had taken place but required time to become embedded practice.

The staff team supported each other informally on a regular basis. Formal debriefing sessions took place following significant incidents and as required. The practice development team could also be accessed for bespoke support.

Feedback from staff told us that communication within the service could be improved. Staff told us they had not had the opportunity to attend a team meeting. Management told us plans were being discussed to implement team meetings. These would give staff the opportunity to meet with managers and colleagues to share information and give staff the opportunity to raise questions or concerns and further support team working.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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