

The Elms - Crosshouse Care Home Service

7 Paddock View
Thorntoun Estate
Crosshouse
Kilmarnock
KA2 0BH

Telephone: 01563 550 074

Type of inspection:
Unannounced

Completed on:
8 July 2024

Service provided by:
Thorntoun Limited

Service provider number:
SP2003002275

Service no:
CS2003000767

About the service

The Elms - Crosshouse is a care home providing a short break and respite service for up to three people who have a learning disability and may also have a physical disability.

The service occupies a purpose-built, single storey building in the Thorntoun Estate, a residential area between the villages of Springside and Crosshouse. Facilities for people staying at the service include en suite bedrooms, kitchen/diner, and a large communal lounge. The service also has a small, enclosed outdoor space.

The Elms - Crosshouse is on the main bus route to Kilmarnock. The service has shared use of a minibus.

About the inspection

This was an unannounced inspection which took place on 3, 4 and 8 July 2024. The inspection was carried out by one inspector 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:

- spoke with two people using the service and three of their family
- spoke with three staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were supported by caring staff who knew them well.
- Families were positive about the care their loved ones received.
- The service had reviewed and updated its policies and procedures.
- The service was staffed appropriately depending on people's assessed 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
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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.

During the inspection, we were able to see kind and caring interactions between staff and the people that they were supporting. Those who were staying at The Elms - Crosshouse appeared very comfortable in the environment, and with those who were caring for them. Families that we spoke with were very positive about the care that their loved ones received.

We found that the service had trackers in place and recorded information regarding people's health. This allowed them to monitor and take action if there were any concerns regarding someone's health. We were able to see clear recordings of where health professionals or people's family members had been contacted if there were any changes to people's health and wellbeing.

Over the course of the inspection, we sampled medication records. This was found to be well-managed. We were able to see clearly the medication that people were prescribed on admission to the service. With one person we did find that their 'as required' medication had not been recorded on their medication on admission sheet. This was discussed with the management team who were responsive, and immediately put an admission checklist in place which detailed exactly what should be checked on admission and had set timescales for particular aspects such as medication. Medication administration records were complete and signed appropriately.

There were clear protocols in place to direct staff on when to administer 'as required' medications and when to take further action. At the time of inspection, the management team was working on improving folders to ensure they were clearly set out to enable easily accessible information for staff. There were clear guidelines in place to inform staff about people's health-related conditions, with detailed care plans to guide staff on how best to support people.

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.

The service had gone through an unsettling time with multiple changes of manager. However, it was positive to hear from families that these changes had not impacted on the quality of care that people received.

We were able to see that the service had a detailed service improvement plan in place. This was reviewed and updated on a monthly basis and was informed by a range of quality assurance audits which were carried out. Where issues were highlighted within these audits, action plans were created with timescales and closed off once they were complete. Overall, the service development and improvement plan provided good oversight of the service and the improvement journey.

The management team had an oversight of staff supervision and staff members' professional registration. This meant that the management team was confident that staff working with people supported were appropriately registered to do so.

We did find that most of the staff supervisions were overdue along with direct observations of staff practices. The service had trackers in place to provide oversight of this and had a plan in place to address this. There was an area for improvement made for this at the last inspection which will continue. (See area for improvement 3 under What the service has done to meet any areas for improvement we made at or since the last inspection)

Since the last inspection, improvements had been made in reviewing and updating service policies. These provided up-to-date guidance for staff and made reference to current best practice guidance.

How good is our staff team?

4 - Good

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

The service has had some changes in management. However, the staff team delivering support to people had been consistent. This meant that people were supported by staff who knew them well.

We found that the service uses a dependency tool to inform appropriate staffing numbers. This meant that staffing levels were determined by people's assessed needs.

Since the new manager started there had been one team meeting. We discussed the importance of these being carried out regularly to keep staff up-to-date on any changes and for discussing expectations. Team meetings also provide an opportunity for the staff team to come together to discuss what is going well and what could be improved on.

The staff team had access to a range of training which included training on particular health needs. Training levels were high. This meant that people could be confident that their needs would be met by staff who had appropriate training to support them.

How good is our setting?

4 - Good

People benefited from a comfortable and purpose-built environment. The building was the right size to enable small group living, and also enabled people to have adequate privacy. People had their own bedroom and en suite.

The communal areas reflected the needs of people using the service. There was a large living room and dining area which enabled small group activities and socialisation. There was a safe garden space which had recently been renovated. This had a sensory area, raised flower beds, football goals and an area for having barbeques. People were able to access this area independently.

We found the environment to be clean, tidy and well-maintained. There were clear records of maintenance and safety checks being carried out at the service, as well as daily walk rounds, and fire safety checks. This ensured that people benefited from a well-maintained environment.

During the inspection, there were renovations taking place within some of the bedroom and en suite facilities. This was detailed within the robust refurbishment plan which detailed the planned improvements to the environment.

How well is our care and support planned?

4 - Good

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

People's care plans contained good detail and reflected their choices and wishes. There was evidence that plans were updated as required on each admission, with the involvement of people and their family. Staff would make pre-admission calls to families to check if there had been any changes, and discuss people's support plans. The plans included person-centred information that focused support on maximising people's capacities and ability. Therefore, the care plans supported staff to deliver enabling and person-centred care.

However, the service wasn't currently having sit down reviews with people and their families. We found that the quality of people's care plans could be further improved by including well-formulated personal outcomes. This would further enhance the enabling and person-centred approach of the plans. We have therefore repeated a previous area for improvement. (See area for improvement 4 under What the service has done to meet any areas for improvement we made at or since the last inspection).

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 quality assurance processes of the service should improve further by ensuring that feedback about the service is gathered from people supported by the service and their relatives. Information gathered should inform the service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7) and "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve" (HSCS 4.8)

This area for improvement was made on 22 February 2024.

Action taken since then

During this inspection, the management team discussed their plans to gather feedback from people supported and their relatives. As this was not in place at the time of inspection, this area for improvement will continue.

This area for improvement has not been met.

Previous area for improvement 2

The manager should ensure that the service has up-to-date, relevant policies and procedures in place to inform and guide staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

This area for improvement was made on 6 September 2019.

Action taken since then

Since the last inspection, improvements had been made to the policies for the provider group. This meant that staff had access to policies to inform and guide them which were up-to-date and contained current information and best practice.

This area for improvement has been met.

Previous area for improvement 3

The manager should further progress with direct observations of staff practice and ensuring staff are able to reflect on their practice during their supervisions.

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 area for improvement was made on 22 February 2024.

Action taken since then

At the time of inspection, we were able to see that medication competencies had taken place. There was a plan in place for further direct observations to be carried out. However, these were not routine practice. Further work was required in regards to supervisions taking place. We will review this again at the next inspection. This area for improvement will continue.

This area for improvement has not been met.

Previous area for improvement 4

To support people to experience consistently good outcomes, the provider should improve people's personal plans. This should include, but not be limited to, care plans, including well-formulated personal outcomes and regular meaningful evaluations which clearly establish if these outcomes were met or not.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

This area for improvement was made on 24 January 2023.

Action taken since then

For details, please see How well is our care and support planned?

This area for improvement has not 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
1.3 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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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