

Cumnor Hall Care Home Service

18 Racecourse View
Ayr
KA7 2TY

Telephone: 01292 266 450

Type of inspection:
Unannounced

Completed on:
28 August 2024

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003001313

About the service

Cumnor Hall is registered to provide a care home service to a maximum of 31 older people living with dementia. The provider is Church of Scotland Trading as Crossreach.

The property is a detached villa which is situated close to Ayr town centre, with substantial enclosed gardens. There is easy access to a range of community resources. All bedrooms are single occupancy with one double bedroom for use by people with a significant relationship. There is a passenger lift, to access the first floor.

At the time of inspection 24 residents were living in the home.

About the inspection

This was an unannounced inspection which took place on 26, 27 and 28 August 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.

In making our evaluations of the service we:

- spoke with two relatives of people using the service
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- got feedback from two involved professionals.

Key messages

- Staff and people living at Cumnor Hall had good relationships. Staff cared for people with kindness and compassion.
- There are a variety of activities aimed at offering the people living in the service meaningful stimulation and connection.
- The service can improve how they use audits to inform peoples personal plans.
- The service uses a variety of tools to assess the quality of the care provided and should review how these are used and how they inform the service improvement plan.
- We saw improvements had been made, however, some requirements required more time to embed them into practice.
- We found that the service had begun to use self-evaluation, however, further work is required 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

During the previous inspection in 18 May 2024, we made two requirements under this Key Question. They both had a timescale of 18 June 2024, but were extended to 21 August 2024.

During this follow up inspection, we found that although there had been some improvements there were parts of the two requirements that were not met. Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

Details of progress of the two requirements is as follows.

All staff had completed nutrition training, this had increased their skill and knowledge on how to complete nutritional risk assessments and fluid charts accurately.

Mealtimes were being planned and managed better, staff were deployed to support people where they chose to eat, and if they required assistance to eat and drink.

Regular feedback was given to staff to guide them on what went well and what needed to improve during mealtimes.

Photo menus were on well dressed tables. People were generally now offered visual choices at mealtimes. This allowed people to make informed decisions about what they wanted to eat.

The provider used local fresh produce to support people's nutrition and hydration.

There was an overview of nutritional needs and details of the measures in place to communicate changes in support to staff and kitchen teams. This ensured that measures to support individuals nutrition were agreed and consistent.

There were fluid charts in place to monitor some peoples intake over a 24 hour period. These charts had improved, but we still saw some gaps in records. There was discussion at shift change over about whether individuals hydration needs has been met for the previous 24 hours. This ensured that staff had an overview of individuals hydration status and were able to plan what measures were needed to support individuals hydration needs. This overview had resulted in improvements in most peoples weights.

We saw improvements in how information was communicated to staff to reduce risk for people, however, information in personal plans to guide staff was not always updated or informing the outcome of risk assessments.

We acknowledged the provider had made some progress but needed more time to fully meet this requirement and to ensure sustained improvement.

We have restated this requirement with a new timescale of 29 November 2024.

(See requirement 1).

Staff have had tissue viability training by nurses who visit the service, they told us they felt more confident in their practice. Staff were completing Skin Integrity workbook to enhance the training provided and build on their competence.

Information was being gathered on a regular basis about individuals clinical risks and being used to inform a clinical overview. The decisions made about how best to minimise risk and safeguard people were being discussed with staff and at daily meetings. This would ensure that staff had knowledge of the measures in place to support people and minimise risks.

However, some risk assessments were out of date. Therefore decisions were not being informed by the most current information. This also resulted in plans of care being inaccurate and people not being supported as effectively.

We acknowledged the provider had made some progress but needed more time to fully meet this requirement and to ensure sustained improvement.

We have restated this requirement with a new timescale of 29 November 2024.
(See requirement 2).

Based on our findings during inspection we re-evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Requirements

1. By 29 November extended from 21 August 2024, the provider must improve the management of individuals nutrition and hydration needs to support their health.

To do this, the provider must, at a minimum:

- a) ensure staff have training to ensure they know how to complete nutritional risk assessments and fluid charts accurately
- b) implement clinical governance systems to ensure that the outcome of nutritional risk assessments and fluid charts inform action to manage these risks effectively
- c) ensure that personal plans reflect the measures in place to support peoples nutritional and hydration needs
- d) review the number of staff on shift and how they are deployed to ensure that people are supported to eat and drink
- f) ensure that all staff are appropriately trained and understand the importance of good record keeping.

This is to comply with Regulation 4(1) (a) 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) and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement has been extended to 29 November 2024.

2. By 29 November extended from 21 August 2024, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met.

To do this, the provider must, at a minimum:

- a) ensure risk assessments for skin care are carried out for all residents are accurate and kept up to date
- b) ensure outcomes of risk assessments are used to inform plans of care to manage risks effectively
- c) ensure that all senior staff have the relevant training to support people confidently
- d) implement clinical governance systems to ensure that risk action is taken promptly to address this, and a record is maintained of all improvements made.

This is in order to comply with Regulation 4(1)(a) and Regulation 5(1) 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 am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement has been extended to 29 November 2024.

How good is our leadership?

3 - Adequate

During the previous inspection on 18 May 2024, we made a requirement under this Key Question. One had a timescale of 18 June 2024 which was extended to 21 August 2024.

During this follow up inspection, we found that although there had been sufficient improvements made, this requirement was not met. Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We changed the evaluation of this Key Question to adequate, as strengths outweighed weaknesses .

This requirement has not been met and now extended to 29 November 2024.

Requirements

1. By 29 November 2024, the provider must demonstrate that people living in the home are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service
- b) use feedback from people living in the home, their families and staff to inform service development
- c) ensure that outcomes of audits, people's views and adverse events are used to inform a service improvement plan
- d) review the service improvement plan to ensure that actions detailed are effectively improving outcomes for people living in the home
- e) improve communication pathways between staff teams and management
- f) define the roles and responsibilities of all staff, detailing their function and the parameters within that.

This is to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

How good is our staff team?**3 - Adequate**

During the previous inspection on 18 May 2024, we made two requirements under this Key Question. They both had a timescale of 18 June 2024 but were extended to 21 August 2024.

We completed a follow up inspection to measure the action taken in response to this outstanding requirement relating to staffing levels, staff training, measuring staff skills and competence and implementing structure and routine in the care home.

Overall, sufficient improvement had been made to meet this requirement. Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We changed the evaluation of this Key Question to adequate.

How good is our setting?**3 - Adequate**

During the previous inspection in May 2024, we made a requirements under this Key Question. They both had a timescale of 18 June 2024 but were extended to 21 August 2024.

During the follow up inspection on 18 June, we found that although there had been some improvements the part about the garden being accessible to residents was not met. Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

Based on the findings from our inspection we changed this evaluation to adequate.

This requirement has been extended to 29 November 2024.

How well is our care and support planned?**3 - Adequate**

A requirement was made under this Key Question during the initial inspection on 18 May 2024. We did a follow-up inspection on 18 June 2024, the timescale was extended to 21 August 2024.

During this follow up inspection, we found that although there had been some improvements there were parts of the requirement that were not met. Details of this can be found under 'What the service has done to meet any requirements we made at or since the last inspection' section of this report.

We changed the evaluation of this Key Question to adequate.

This requirement has been extended to 29 November 2024.

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

Requirements

Requirement 1

By 18 June 2024, the provider must improve the management of individuals nutrition and hydration needs to support their health.

To do this, the provider must, at a minimum:

- a) ensure staff have training to ensure they know how to complete nutritional risk assessments and fluid charts accurately
- b) implement clinical governance systems to ensure that the outcome of nutritional risk assessments and fluid charts inform action to manage these risks effectively
- c) ensure that personal plans reflect the measures in place to support peoples nutritional and hydration needs
- d) review the number of staff on shift and how they are deployed to ensure that people are supported to eat and drink
- f) ensure that all staff are appropriately trained and understand the importance of good record keeping.

This is to comply with Regulation 4(1) (a) 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) and 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement was made on 17 May 2024.

Action taken on previous requirement

All staff have had nutritional risk training to ensure they know how to complete risk assessments and fluid charts accurately. However, due to the high level of agency staff records continued to be inconsistent.

The service had reviewed the number of staff on each shift and how they are deployed to ensure that people were supported to eat and drink. This meant that mealtimes were managed better and we could be sure that people were getting enough to eat and drink.

There were protocols in place to define clinical governance roles to ensure that everyone knew their responsibility. Several measures had been put in place to support peoples nutritional and hydration needs. It was good to see that people had access to drinks and snacks throughout the day.

Personal plans did not always reflect nutritional needs or additional measures, however peoples weights and intake were being discussed at daily handovers. This meant that peoples outcomes had been improved, but the evidence still needed to be improved upon.

This requirement has been extended to 29 November 2024.

Not met

Requirement 2

By 18 June 2024, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met.

To do this, the provider must, at a minimum:

- a) ensure risk assessments for skin care are carried out for all residents are accurate and kept up to date
- b) ensure outcomes of risk assessments are used to inform plans of care to manage risks effectively
- c) ensure that all senior staff have the relevant training to support people confidently
- d) implement clinical governance systems to ensure that risk action is taken promptly to address this, and a record is maintained of all improvements made.

This is in order to comply with Regulation 4(1)(a) and Regulation 5(1) 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 am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement was made on 17 May 2024.

Action taken on previous requirement

We saw that risk assessments for skin care had been carried out for all residents and were accurate and up to date. However, the findings were not always reflected in the personal plan. Therefore the outcomes of risk assessments were not being used consistently to inform the plan of care to manage risks effectively.

We did see evidence that senior staff had the relevant training to support people confidently in this area.

The service had implemented clinical governance systems to ensure that risk action was taken promptly to address this, and a record was maintained of all improvements made. However, these were inconsistent and needed more time to be put into practice.

This requirement has been extended to 29 November 2024.

Not met

Requirement 3

By 18 June 2024, the provider must ensure that staffing arrangements are right, and all staff work well together. To do this, the provider must, at a minimum:

- a) the provider must use a staffing level tool to determine appropriate staffing levels that are appropriate to the care and support needs of residents
- b) the provider must ensure that sufficient numbers and availability of suitably trained and competent staff is in place at all times
- c) managers must consider overall numbers of staff in addition to the knowledge, skills, values and experience of staff to enable high quality care
- d) managers must create structure and routine within the home to help establish improved outcomes for people.

This is to comply with Regulation 4(1)(d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This is in order to comply with sections 7 and 8 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) and (b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210).

This requirement was made on 17 May 2024.

Action taken on previous requirement

The provider had ensured that appropriate staffing levels were in place and suitable to meet the care and support needs of residents. Managers had been trusted to use their professional judgement to allow for sufficient numbers and availability of suitably trained and competent staff at all times.

Managers meet weekly to consider overall numbers of staff in addition to the balance of knowledge, skills, values and experience of staff to enable good quality care.

Although we continue to be concerned by the high number of agency staff on shift, we were reassured that those staff were being trained.

We saw improved structure and routine within the home to help establish improved outcomes for people. The daily walkaround has built in a routine to ensure that the home is in good order and remains clutter free. Handovers and flash meetings, provide relevant information to staff and check in on residents care and support. The dining experience is now more structured, resulting in improved outcomes for residents.

Met - outwith timescales

Requirement 4

By 18 June 2024, the provider must ensure that opportunities for effective communication is in place for all staff.

To do this the provider must, at a minimum:

- a) ensure that handovers take place daily to inform staff of the relevant information they need to fully meet the care and support needs of those in their care
- b) all staff receive regular meaningful supervision that considers their well-being and workload. This should include the opportunity to reflect on their practice and learning
- c) team meetings must take place to give staff the opportunity to effectively share learning and information and to reflect on practice as a team.

This is to comply with Regulation 4(1)(a) 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 17 May 2024.

Action taken on previous requirement

We saw that more structured handovers consistently took place daily. This meant staff were better informed with up to date communication they need on residents well-being. Flash meetings had also been established three times daily, to check in on residents care and support needs.

Staff received regular and meaningful supervision that considered their well-being and workload. Staff told us they were given the opportunity to reflect on their practice and learning.

Team meetings were scheduled and gave staff the opportunity to effectively share learning and information and to reflect on practice as a team.

Met - outwith timescales

Requirement 5

By 18 June 2024 the provider must ensure the facilities are of a high standard.

To do this the provider must, at a minimum;

- a) MET JUNE- ensure peoples belongings and space around the home must be treated respectfully
- b) MET JUNE- the manager must do a daily walkaround to assess the safety, cleanliness and maintenance of the home and garden, acting promptly on any findings
- c) MET JUNE- Planning, systems and procedures for the home to be decluttered, maintained and kept clean, after agreeing and sharing this plan with the team
- d) Seek to be less risk averse and make the garden more freely accessible to residents.

This is to comply with Regulation 14 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 experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSC 5.24).

This requirement was made on 17 May 2024.

Action taken on previous requirement

Work was still to be started to make the garden more freely accessible to residents. Due to uneven paving people currently required assistance to go outside independently.

This requirement has been extended to 29 November 2024.

We changed the evaluation of this Key Question to adequate.

Not met

Requirement 6

By 21 August 2024, the provider must demonstrate that people living in the home are safeguarded and experience consistently good outcomes, and that quality assurance and improvement is well led.

To do this, the provider must, at a minimum:

- a) ensure the implementation of quality assurance systems that continually evaluate and monitor service provision to inform improvement and development of the service
- b) use feedback from people living in the home, their families and staff to inform service development
- c) ensure that outcomes of audits, people's views and adverse events are used to inform a service improvement plan
- d) review the service improvement plan to ensure that actions detailed are effectively improving outcomes for people living in the home
- e) improve communication pathways between staff teams and management.
- f) define the roles and responsibilities of all staff, detailing their function and the parameters within that.

This is to comply with Regulation 4(1)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This requirement was made on 17 May 2024.

Action taken on previous requirement

Quality assurance systems were in place to continually evaluate and monitor service provision to inform improvement and development of the service. However, they could be sustained and give more time to see how they impacted on people's outcomes.

We saw that feedback from people living in the home, their families and staff informed service development. The outcomes of audits, people's views and adverse events were now used to inform a service improvement plan.

The service improvement plan was revisited monthly to ensure that actions detailed are effectively improving outcomes for people living in the home. The manager had a better overview to identify who is at risk and what actions were needed.

We saw vast improvements in communication between staff teams and management, with several measures now in place. The roles and responsibilities of all staff were clearer, detailing their function and the parameters within that.

This requirement has been extended to 29 November 2024.

We changed the evaluation of this Key Question to adequate.

Not met

Requirement 7

By 21 August 2024 the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be managed and met, as well as their wishes and choices.

To do this, the provider must, at a minimum ensure:

- a) care plans accurately record the management of health, welfare, and safety needs and how these will be managed, guiding staff to support people effectively
- b) personal plans reflected that advice and guidance from healthcare professionals has been followed
- c) evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices
- d) systems are in place to ensure that the quality and accuracy of information in personal plans is regularly assessed.

This is to comply with Regulation with Regulation 5(1) 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:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 17 May 2024.

Action taken on previous requirement

Personal plans (sometimes called care plans) had not all been updated to accurately record the management of health, welfare, and safety needs and how these will be managed, guiding staff to support people effectively.

Staff knew residents well, but carried a lot of soft information that still had to be translated into the personal plans.

Personal plans did not always reflect the advice and guidance from healthcare professionals had been followed. Personal plans could be more person-centred when senior staff do come to update them. Evaluations were not being done consistently therefore personal plans were not reflective of how effective the planned care had been in promoting positive outcomes.

Systems were in place, but inconsistent in ensuring that the quality and accuracy of information in personal plans was regularly assessed. Personal plan audits were not being done consistently because seniors knew they had not been updated appropriately.

The manager had implemented the resident of the day tool to monitor outcomes for each person, but this was in the very early stages and needed more time to bed into practice.

Overall, Personal plans were not quite there yet, more detail on how to support people is required, risk assessments need to be added and evaluations planned.

Due to the high number of agency staff supporting the existing team, we suggested introducing a One Page profile for when agency staff are in and new staff are joining the team. This would mean they have sufficient information to support residents in line with their needs, choices and preferences.

This requirement has been extended to 29 November 2024.

We changed the evaluation of this Key Question to adequate.

Not met

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 service provider must ensure all staff receive training appropriate to their role and have been assessed as skilled and competent.

To do this the provider must, at a minimum, ensure:

- a) Staff receive induction and training relevant to their role and the needs of residents.
- b) Monitoring of staff competence through training, supervision, and direct observations of staff practice.
- c) Keep accurate records of all training completed to evidence that staff have the required skills, knowledge and qualifications for their role.

This area for improvement was made on 17 May 2024.

Action taken since then

We saw that new staff received induction and training relevant to their role and the needs of residents. Seniors had now had additional training for their role. The service had also provided training to agency staff to ensure that they are appropriately trained.

Managers had done direct observations of staffs practice; they also supported staff to reflect on learning from training during supervision sessions.

We saw evidence of records of all training completed. Staff told us they felt more confident now they had appropriate training. The skills and knowledge of the team was now discussed at weekly meetings and a judgement made for future planning on rotas.

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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.