

Thorntoun Supported Living Services Housing Support Service

Thomson Court
18-38 Witch Road
Kilmarnock
KA3 1JG

Telephone: 01563 529 555

Type of inspection:
Unannounced

Completed on:
4 September 2024

Service provided by:
Thorntoun Limited

Service provider number:
SP2003002275

Service no:
CS2004059478

About the service

Thorntoun Supported Living Services is registered to provide a combined Housing Support service and Care at Home service.

The service is provided to adults with learning disabilities, who may also have physical disabilities.

Cuthbert Place has four ensuite bedrooms, a shared kitchen, and living areas equipped for people with physical disabilities.

Thomson Court has 10 individual flats with an additional communal lounge and kitchen. Both services are within easy reach of local facilities and public transport in Kilmarnock.

At the time of inspection, there were 13 people being supported by the service.

About the inspection

This was an unannounced inspection which took place on 4 September 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 three people using the service
- spoke with three staff and management
- observed practice and daily life
- reviewed documents

Key messages

Improvements had been made in medication management.

We saw friendly and caring interactions between staff and people supported.

The service had improved on informing all relevant individuals in line with adult support and protection policies.

Notifications to the Care Inspectorate had improved.

Organisational policies had been reviewed and updated.

Quality assurance processes had improved. Action plans were in place with set time scales.

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

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 noted that the provider had met the requirement from the inspection that was completed on 23 April 2024.

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 have re-evaluated this key question as Good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

How good is our leadership?

4 - Good

We noted that the provider had met the requirement from the inspection that was completed on 23 April 2024.

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 also found that the service had met two of the areas for improvement that were made at previous inspections. Details of these can be found under 'What the service has done to meet any areas for improvement we made at or since the last inspection' section of this report.

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

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

Requirements

Requirement 1

By 16 July 2024, the provider must protect people from risk of harm by ensuring medication is managed safely.

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

- a) ensure medication administered is signed for or coded;
- b) ensure medication administration records detail the correct dates and times that medications should be administered;
- c) ensure where staff administer medication, information is available to inform them of what the medication they are administering is for;
- d) ensure protocols are in place for 'as required' medications to advise staff when, why, and how often these medications can be given;
- e) ensure that when 'as required' medications are given, the effectiveness has been recorded; and
- f) ensure topical medications are accurately recorded.

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 state that:

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 23 April 2024.

Action taken on previous requirement

We reviewed medication management. Since the last inspection each person supported had a medication file in place. Medication was signed for or coded appropriately. Administration records clearly detailed when medications should be given. Some information was available to staff about peoples medications. We discussed with the management team about how this could be improved further. There were protocols in place to inform and guide staff on when 'as required' medications should be given. Records were in place

for topical medications which detailed clearly where they should be applied and how often. These were signed for appropriately. Overall we were able to see significant improvements in regards to medication management.

Met - within timescales

Requirement 2

By 16 July 2024, the provider must ensure that appropriate actions are taken to safeguard people using the service.

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

- a) clear recording and evidence of management actions taken to reduce risk of incident happening again;
- b) adult support and protection referrals are made as appropriate; and
- c) adherence to the reporting guidelines of the Care Inspectorate, as well as their own policy on adult support and protection.

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); and The Social Care and Social Work Improvement Scotland (Applications and Registration) Regulations 2011.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This requirement was made on 23 April 2024.

Action taken on previous requirement

Since the last inspection we were able to see clear improvements in regards to accident and incident recording including any action required. Adult support and protection referrals were made appropriately and the Care Inspectorate were notified in line with policy.

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

The manager should ensure that quality assurance audits are completed accurately, detailing any actions that are required. Actions should be detailed in an action plan with set timescales and responsibilities, in order to inform the improvement and development of the service.

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 22 April 2024.

Action taken since then

We reviewed quality assurance audits and found these to be completed accurately. Action plans were in place with clear set timescales and responsibilities. These actions informed the service development and improvement plan.

This area for improvement is 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 May 2019.

Action taken since then

Since the last inspection organisational policies and procedures had been reviewed and updated and made links to current best practice and guidance.

This area for improvement is met.

Previous area for improvement 3

To ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and how they require to be supported with these;
- 2) more detailed information to support the promotion of people's independent living skills;
- 3) clear outcomes for individuals (including commissioned outcomes); and
- 4) signposting to additional documents, such as, risk assessments, protocols and management plans.

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)

and

'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (HSCS 3.5).

This area for improvement was made on 16 May 2018.

Action taken since then

Since the last inspection the service had started to make some improvements with the support plans. People were now having regular meetings with their keyworkers to discuss and monitor their outcomes and goals. As the service is continuing to improve and develop peoples support plans we will continue this area for improvement and review at the 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.

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

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