

# Ross Court Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
21 November 2024

**Service provided by:**  
East Ayrshire Council

**Service provider number:**  
SP2003000142

**Service no:**  
CS2005103347

## About the service

Ross Court care home service is registered with the Care Inspectorate to provide a short break service to a maximum of two adults. The service supports people who have physical, mental health or learning difficulties for short breaks/respite care.

The provider is East Ayrshire Council. The service is located within the Ross Court complex in the small Ayrshire town of Galston, close to the town's local amenities. There are good transport links to the towns of Kilmarnock and Ayr.

There was one person staying at Ross Court at the time of this inspection.

## About the inspection

This was an unannounced inspection which took place on 20 and 21 November 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 six of their family/representatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents

## Key messages

People received reliable and consistent support from a familiar staff team with whom they had positive, trusting and caring relationships.

Family members felt involved and well informed, telling us they were very satisfied with the standard of care and support provided.

People benefitted from personalised and responsive support in addition to good communication and involvement.

Managers could use their quality assurance audits better to devise their improvement plan.

We found that the service had made positive progress in completing their self-evaluation.

## 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?	4 - Good
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.

People experienced compassion, dignity and respect because there were warm, genuine connections with all staff. Care and support were very person centred being provided by staff who knew people accessing the service well.

We saw that when people checked into respite, they planned their week ahead; this could be subject to change if they chose to do something else instead. People felt respected and listened to because their wishes and preferences were used to shape how they were supported.

People experienced support that promoted their independence, dignity, privacy and choice. They felt connected, as they were supported to maintain and develop relationships within the unit and outside. People chose where and how they spent their time and benefitted from maintaining and developing their interests and what mattered to them. One resident chose to continue to access day services, another chose to only check in for the weekend.

People got the most out of their time in respite because they made decisions and choices about how they spent their time. They were supported to achieve their wishes and aspirations, in a way that made sense for them. People felt safe and protected but had the opportunity to take informed risks.

People's health and wellbeing were of utmost importance. The care and support was based on relevant evidence, guidance, good practice and standards. Anything noted as a concern was monitored and the right healthcare from the right person was requested. We saw evidence of input from GP, Community nurses, Podiatry, optician etc. where required.

The mealtime experience was well-planned and calm. There was food and drink that meets people's needs and wishes on offer throughout the day. Food was outsourced by East Ayrshire council; the team planned ahead of peoples' dates to ensure choices were available. The team then prepared food in conjunction with SALT speech and language therapists' guidance.

Families told us they were very happy with the care and support their loved ones received. Comments included "She loves it, it's our lifeline." "She can be very co-dependent on me, so the fact she loves going there this gives her independence and we don't need to worry." "They are very good at updating me on anything." "As a parent it can be difficult, but I know he is so well looked after." "It is great, she likes going." "Always get a full report, from what she's had from breakfast, to what she's been doing, every step of the way." "Support plan is reviewed regularly."

As two people can access the unit at the one time, the team planned to match people up when accessing the service; some people knew each other. However, when they did not previously know the person, they could choose to use private or communal areas and have the right to privacy when they wanted it. Comments from family included "She would get lost in a group but 1:1 support means that she gets plenty of interaction." "Usually he knows the people, but one time he was with someone older; they went out together, he just loved it."

**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 aims and objectives of the service were firmly established; this ensured that people were treated as individuals with dignity and respect. The managers were approachable and visible guiding staff to provide care and support with skill and kindness.

Feedback was gathered through meetings, surveys and discussions. People and their families were well-informed, and their views had been heard and considered. Leaders had the skills, capacity and systems in place to identify risks, plan appropriate actions to address these and drive improvement.

Quality assurance, including self-evaluation were used to ensure standards of good practice were adhered to and drove change and improvement. However, we noted that the improvement plan could work better for the service. By taking the views of people using the service, their relatives & staff and using them to identify areas that could improve the respite experience for everyone.

Staff told us they had regular supervision and team meetings, also felt well supported day to day. Managers did direct observations and competency assessments linked to the improvement of outcomes for the people receiving support. Comments from staff include, "The support is phenomenal; we are such a close-knit team." "The manager and senior are both so approachable and supportive."

Reflective practice was encouraged as was shared learning; the service used several tools to check in on people, their families and staff. A recent questionnaire was well received, and feedback was acted upon by considering the identified improvements.

Leaders were responsive to feedback and used learning to improve. The service continually evaluated people's experiences to ensure that, as far as possible, they are getting the right care and support in the right place to meet their outcomes. This was noted in visit audits, which are completed at the end of each stay.

There was a schedule of regular audits, but it was not clear what the findings were. It would be good to see any learning from audits with what was required to change in an action plan.

The management team worked closely with the team and knew people well. This meant they had a good overview of service provision and were alerted to any issues as they arose. This allowed for quick resolution to improve the service and positively impact on outcomes for people using the service. An example being, during our inspection there had been a weather warning, the senior had suggested an alternative.

**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.

To ensure staff have the necessary skills to effectively support people, the provider must ensure that staff access training appropriate to their role and apply their training into practice to promote the safety and wellbeing of people supported. On speaking with staff, they said they had sufficient training for their role, and should they require additional training they can request it. We observed good practice and adherence to training, meaning that training was effective.

There were several learning and support opportunities available for staff. This meant that people were confident that staff had the necessary skills and competence to support them. Staff's competence and practice was monitored to improve outcomes for people. Staff observations were used to improve practice and promote a culture of learning. This meant that people were being cared for by staff who understood them and were knowledgeable to their needs and wishes.

Regular staff supervisions were used constructively and staff valued them because they supported their personal and professional development. This meant that staff practice improved through effective supervision, promoting a learning culture within the service, which included reflective practice.

Staff were comfortable acknowledging their learning needs, as well as challenging colleagues practice and were confident matters would be addressed. Staff told us that their well-being was a key area of their supervision. Managers knew staff well and offered additional support where required.

Staff had attended the appropriate level of training to their varying roles. This has had a positive impact on the teams understanding, resulting in better outcomes for people.

## How good is our setting?

**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 told us how welcoming they found the service to be. Families told us that the staff worked with what they had to create a comfortable and homely atmosphere. However, the living space was functional rather than creating a warm, homely environment to meet people's needs and preferences. The team had done what they could by adding homely touches, decoration and the quality of furniture.

People especially loved the efforts made to decorate the unit for celebrations throughout the year, e.g. Easter, Halloween, Christmas etc.

Systems for the ongoing maintenance of the environment had not been considered recently. We noted that some areas of the environment would benefit from an upgrade and redecoration. Also, that the furniture was dated, there was an element of making do with what they had. It is important that ongoing improvements are reviewed as they are important to the well-being and outcomes for people.

There were high standards of cleanliness throughout the unit. This was out-sourced by an external domestic team. It was clear they had good knowledge of their role and responsibilities to ensure that cleanliness of the home was maintained.

The health, safety and maintenance records were up-to-date to show that checks of the equipment and safety of the home were completed. This ensured that the home was safe, and people were protected from harm.

The bedrooms were nicely decorated and as personalised as possible for a respite service. People brought things from home and the team planned for their arrival.

The layout of the building and quality of fittings could support people's outcomes better. For example, the building was limited in space, but making the best use of the lounge spaces could potentially impact the quality of life for the people who visit. This could include reassessing how space is used or items to help people with new experiences or interests.

## 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.

People accessing the service have a personal plan which details their current care and support needs. This ensured that staff were effectively directed to support the individual taking a consistent and agreed approach.

All personal plans detailed individual's healthcare needs and contained information to guide staff how best to support each person in line with their needs and preferences. Risk assessments were in place and up-to-date; this meant staff knew if people required assistance with moving and assisting or eating and drinking etc. There was an overview of risks for individuals and clinical issues were discussed with families before respite.

We saw that there was good information within personal plans about the individual, what was important to them, their preferred routines, their choices and wishes regarding their care and support. This provided good information to guide staff to ensure that people were supported in an agreed and consistent way and that their wishes were respected.

Plans had been formally reviewed with families and relevant professionals. It was positive to hear from families that they were regularly consulted and kept up to date. Outcomes were noted for each person but to fully understand them the impact needs to be explored better.

Family members we spoke with said that their relatives were well looked after and that healthcare professionals were called when needed, and then staff let them know about the outcome. Comments included; "I am kept up to date with any changes." "I know all the staff; they treat her with care and kindness." "I'm very happy with the care and support, he's very happy there and so well looked after." "The relief we feel knowing she's safe is great."

The views, choices and wishes of people who live in the care home, and their family members, inform changes in how care and support is provided. Staff understood the value of positive peer support in providing support and improving outcomes for people.

## 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

To ensure people have access to a range of social media outlets, you, the provider, should improve the Wi-fi access within the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22).

**This area for improvement was made on 30 August 2022.**

#### Action taken since then

Wi-Fi has now been installed in the service; this means that people can now access it to maintain and develop what matters to them.

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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