

The Beeches Care Home Service

14 Paddock View
Thorntoun Estate
Crosshouse
Kilmarnock
KA2 0BH

Telephone: 01563 572 626

Type of inspection:
Unannounced

Completed on:
14 February 2025

Service provided by:
Thorntoun Limited

Service provider number:
SP2003002275

Service no:
CS2004070909

About the service

The Beeches care home is registered to provide care for 10 adults with physical disabilities and health conditions, who do not require on-site or on-call nursing care. The provider is Thorntoun Limited.

The service is situated on the Thorntoun estate between the villages of Crosshouse and Springside on the main bus route to Kilmarnock. The Beeches is a purpose-built care home with 10 spacious en-suite bedrooms. Some rooms have adaptations to aid the safe transfer of individuals. The property further benefits from a dining kitchen, lounge and enclosed outdoor space.

The service states its aims are to:

"Strive to provide a way of life for our residents that permits them to enjoy their life to the greatest extent possible."

About the inspection

This was an unannounced inspection which took place on 11 and 12 February 2025. 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 four people using the service and two of their family
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People and their families were positive about the care received.
- The service was responsive to people's health needs.
- Improvements should be made in recording food and fluids.
- Improvements should be made to ensure access to activities for all residents.
- The service benefitted from a robust quality assurance system and a detailed service improvement plan.
- Staff worked well as a team to ensure people's needs were met.
- Improvements should be made to ensure personal plans contain all relevant information.

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 observed kind and caring interactions between staff and those supported. People we spoke with were positive about the home. One person told us, 'I like living here. I like the staff'. Similarly, relatives were also positive about the care their loved ones received commenting on the honest communication and regular updates from the service.

We were able to see that the team took appropriate action where they had any concerns regarding people's health. Relevant health professionals were contacted and the team advocated for people to ensure they got access to the relevant referrals. Any appointments attended were documented on the electronic system that the service used. One professional told us about their experience of the service. Their clients, 'appear well cared for, happy and with all of their support needs being met'. This meant people could be assured their health and wellbeing needs would be met.

The service had clear clinical oversight of people's weights and responded appropriately. People were encouraged with their food and fluid. Those who had previously lost weight and required supplements had been supported with improving their nutritional intake through their meals and snacks and had gained weight as a result. It was positive to see examples of where those supported were able to have a trial of not requiring supplements due to the improvements in their nutritional intake.

We found that where people were assessed as requiring close monitoring of their food and fluid intake, appropriate recording charts were in place. However, we did find that these were not always completed and calculated accurately. This meant that the correct information was not always available to pass on to the relevant health professionals and a clear oversight of people's nutritional intake was not consistently available (see area for improvement 1).

During the inspection, we were able to see people engaging in activities, particularly those who were funded for additional one-to-one support. However, we did find that not everyone had the opportunity to access and engage in activities that may interest them. Those who chose to spend their time in their bedrooms had limited access to activities. The service should ensure all residents have access and opportunity to take part in activities that interest them (see area for improvement 2).

We reviewed medication records and found these to be well managed. Through the quality assurance audits carried out, it had been identified that previously there had been regular medication errors happening. The manager had identified this and had taken action to ensure that people received their medication safely. It was clear to see the improvements that had been made and we were assured people were receiving their medication as prescribed.

Areas for improvement

1. To ensure people's health and care needs are correctly documented and met, the provider should ensure that where people have been assessed as requiring food and fluid monitoring, that these records are accurately completed and calculated.

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 because people have the necessary information and resources' (HSCS 4.27).

2. To promote the health and wellbeing of people using the service, the provider should ensure that activities are available to all people supported, including those who choose not to spend their time in communal areas. This should include ensuring enough time for staff to spend meaningfully with people supported.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

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.

We found that the service had a robust quality assurance system in place. There were a range of audits which were completed, clearly indicating any areas for improvement which were appropriately action planned.

The service had a detailed service improvement plan in place. This was informed by the quality assurance processes and provided a clear oversight of the improvement journey the service was on.

We reviewed accident and incident records and found that these were well managed with relevant notifications being made when required.

There was a clear oversight of staff training. Training numbers were high and the team were booked on to upcoming refresher training on those that had expired. This meant we could be assured staff had the right training to meet the needs of people supported. Some staff had highlighted additional courses that they felt would benefit them and those they supported. This was discussed with the manager who was keen to take this forward.

Staff spoke highly of the current management team. They felt positive changes were taking place and felt supported in their roles. There was a supervision tracker started and most staff had now had a supervision. At the last inspection an area for improvement was made to ensure staff had access to regular meaningful supervision. As this remains in early stages, we have repeated this area for improvement (see area for improvement 1).

Areas for improvement

1. To ensure that people are supported by staff who are able to reflect on their practice, the provider should improve by implementing a supervision schedule to make sure that all staff have regular access to meaningful supervision.

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).

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 benefitted from a consistent staff team who knew people well.

Staff at The Beeches were kind, friendly and genuinely cared for the people they were supporting.

We attended a staff handover during the inspection, where we found relevant information was passed on, and there was clear planning and delegation of shift tasks from the senior who was leading the shift.

Staff told us they worked well together as a team to meet the needs of the people they supported. This included covering shifts where there was any absence meaning people received consistency and continuity in who was supporting them.

The team completed the necessary training which ensured they were skilled to meet the needs of people. Staff actively thought about what additional training they could do that would benefit individuals in their care.

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 who lived at The Beeches benefitted from individual spacious bathrooms with en-suite facilities. There was a communal lounge and spacious dining area.

Those who were able could maintain their independent skills being able to take part in laundry and carry out activities in the kitchen area.

There was a large spacious garden area that those who were able could freely access.

There was a clear oversight of health and safety and maintenance within the service. Any issues raised were quickly addressed by the maintenance team. There were detailed recordings of these. This meant people could be assured their environment was well maintained.

The home was clean and we were able to see cleaning schedules were completed fully. This ensured people were supported in a clean and tidy environment.

We did find one room where the flooring would benefit from being replaced as it had been damaged by body fluids. This was discussed with the provider who assured us this would be made a priority.

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.

The service used an electronic system for people's personal plans. We sampled these and found that there was enough information available to direct people's care. However, we did find that some relevant information had not been transferred onto the system. People had one page profiles in their bedrooms which provided important person-centred information; however, this was not detailed within the online system (see area for improvement 1).

We found some inconsistencies in the personal plans. Some provided good examples of person-centred information; however, this was lacking in others (see area for improvement 1).

Further work was required to ensure people's outcomes and goals were captured; however, there was a plan in place to do this following planned reviews.

Relevant risk assessments were in place. These informed care and gave good clinical oversight of people's needs.

Areas for improvement

1. Personal plans should be developed further to ensure they capture all relevant information regarding people's health and wellbeing needs. This should include ensuring there is a consistent approach to detailing person-centred information within personal 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).

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

People should have regular and meaningful opportunities to provide their views on the service they receive so that improvements can be identified and acted upon.

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 4.19).

This area for improvement was made on 14 April 2023.

Action taken since then

During the inspection, we found that the service had recently held a resident meeting. Further work was needed to ensure people's views were regularly captured and acted upon. This will be reviewed at the next inspection.

This area for improvement will continue.

Previous area for improvement 2

To ensure people's health and care needs are correctly documented and met, the provider should: Improve recordings in all daily charts and records. This should include, but is not limited to medication administration records, oral hygiene, and personal care.

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 because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 14 April 2023.

Action taken since then

During the inspection, we found that medication records, personal care and oral hygiene records were recorded and signed for appropriately. This provided a clear overview of care people had received.

This area for improvement is met.

Previous area for improvement 3

To ensure that people are supported by staff who are able to reflect on their practice, the provider should improve by implementing a supervision schedule to make sure that all staff have regular access to meaningful supervision.

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 14 April 2023.

Action taken since then

During the inspection, we were able to see that a supervision schedule had been put in place and that staff had started to receive supervision. We will review this again at the next inspection to ensure this is fully embedded and staff receive regular meaningful supervision.

This area for improvement will continue and has been repeated in the body of this report.

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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