

# Crail / Wilson Houses Small Group Living Services Care Home Service

Hansel Alliance, Hansel Village  
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Unannounced

**Completed on:**  
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**Service provided by:**  
Hansel Alliance

**Service provider number:**  
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## About the service

Crail/Wilson Houses Small Group Living Services is provided by the Hansel Alliance. It provides a care home service to a maximum of 27 adults with a learning disability, some of whom may have dementia.

The service is provided in two separate buildings:

Crail House is a single-storey building designed to support 12 people, including some with dementia and/or palliative care needs. Some bedrooms have en-suite facilities and most have a wash hand basin vanity unit. There is a range of public and private areas throughout the house. At the time of the inspection, 11 people were living in Crail House.

Wilson House is a two-storey house which can support 15 people, each with their own bedroom. Some bedrooms have en-suite facilities and most have a wash hand basin vanity unit. The house is split into two wings, each with an open plan kitchen/dining room and sitting room. Both wings open onto a small, shared garden. At the time of the inspection, 15 people were living in Wilson House.

The aim of the service is to "improve the lives of people affected by disabilities in all aspects."

## About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 March 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 five people using the service and four of their family
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

We also received feedback responses from 10 residents, five family members, six members of staff and five professionals to our online questionnaire.

## Key messages

- People were supported by kind and caring staff.
- Families were positive about the care their loved ones received.
- People's health needs were well managed.
- The service should ensure people are able to access and be supported in the community.
- Staff felt supported by their management team.
- People had access to a range of in-house activities.

## 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 staff team?	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.

Over the course of the inspection, we witnessed kind and caring interactions between staff and those they were supporting. It was clear that residents were comfortable in the company of the staff and enjoyed spending time with them. Families we spoke with commented on the friendliness and caring nature of staff and told us they were made to feel welcome in the service. One relative told us how reassuring it was for them that their loved one was so settled and happy in the service.

Meals were prepared in the services. Weekly menus were planned and people were involved in creating the menus, choosing what they would like to have. There were food and fluid balance charts in place which provided staff with a clear oversight of people's nutritional intake, allowing them to raise any concerns they may have with relevant health professionals.

We sampled people's records and were able to see appropriate action was taken when staff had any concerns about someone's health. Relevant professionals were informed and advice sought. Residents had access to a range of health care professionals and appropriate referrals were made.

Each person had a hospital folder which was reviewed and updated on a regular basis. These detailed important information about each resident, specific health conditions, the medication they were prescribed, including when and exactly how they were supported to take it, any health related protocols and key information about how they liked to be supported. This provided a good overview of individuals to inform hospital staff should they be admitted to hospital.

People could be assured their rights would be respected. There was clear overview of people's legal capacity. This was regularly checked through quality assurance processes to ensure people's Adults With Incapacity (AWI) certificates were in date.

There were detailed support plans in place which informed staff on how best to support individuals during periods of stress and distress. This was further informed by staff's detailed knowledge of those they supported. Communication care plans were in place which detailed how someone could communicate their individual needs. This information was particularly beneficial to new or agency members of staff to ensure they were well informed about people they were caring for.

Within people's personal plans, we were able to see a range of care plans in place to direct support with people's individual health needs. The service had started working with people and their families in completing anticipatory care plans to ensure people's wishes were known and respected in regard to their end of life care. The service should continue to develop these care plans along with people and their relatives.

During the inspection, we sampled medication records and found these to be well managed. We did find one incidence of being unclear if a medication had been administered. This was discussed with the management team who took appropriate action in discussing with the staff team.

During the course of the inspection, we were able to see a range of activities taking place. There were some in-house entertainment booked over the course of the year and a range of daily activities. Weekly activity planners were created with involvement from people. They detailed group activities as well as individual activities people wished to take part in. It was positive to see that through self-evaluation changes had been made to the rota to ensure there was an additional staff member covering key times that activities would take place in Crail. Feedback from families was positive about the range of activities people had access to within the service.

People should be able to benefit from accessing their wider community as this can create opportunities to meet people, support people's interests and explore new ideas and activities. It was noted at a previous inspection and through feedback from families that people would benefit from being able to go on outings, trips and being able to access the community more. At the time of inspection, there was a shared car between both services; however, this was mainly used for supporting people to health appointments. Staff we spoke with recognised the impact on people and felt people would benefit from being able to spend more time out of the service. This was discussed with the management team who were in agreement and recognised access to transport was a potential barrier to people being supported to access the community (see area for improvement 1).

### Areas for improvement

1. In order to ensure that people can participate in their local community, the manager should ensure that there are opportunities for people to leave the care home to pursue their interests and enjoy community groups and resources.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and

'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

### 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.

Staff we spoke with were positive about the service provided and enjoyed their roles. It was clear that staff genuinely cared for those they supported.

We sampled team meeting minutes. We found that these took place on a regular basis. This ensured staff had an opportunity to reflect on practice and discuss what worked well and what could be improved with in the service. The service had been carrying out self-evaluation with the staff team during team meetings. This ensured staff opinions were captured and that the staff team were involved in improvement and development of the service.

We were able to see that staff supervisions were taking place. Staff told us they felt supported by the approachable management team and would feel confident in raising any concerns they had.

During the inspection, we attended a shift handover. We found this to be informative and handover notes

were detailed providing clear oversight of people supported and their individual needs.

There was a range of training available to staff. There was clear oversight of this. Training levels were high which meant people could be assured their needs would be met by staff who had the right skills to care for them.

The service supported people with a range of complex needs. It is important that people are supported by the right number of staff. The service had recently reviewed staffing numbers at particular times of day; however, we found that there was no formal assessment used to ensure the right number of staff were on shift (see area for improvement 1).

## Areas for improvement

1. The service should ensure that staffing requirements are regularly assessed and take account of people's additional support needs.

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

'My needs are met by the right number of people' (HSCS 3.15).

## 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

To make sure people are kept safe, the provider should ensure that there is appropriate domestic service rooms to ensure that each house has access to an appropriate facility to support infection prevention and control measures.

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

'My environment is secure and safe' (HSCS 5.17).

**This area for improvement was made on 6 October 2022.**

#### Action taken since then

Since the last inspection, we found that each house had a domestic service room put in place. This supported safe and effective infection prevention and control measures.

**This area for improvement is met.**

### 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

  

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good



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