

Clannalba Care Home Service

Clannalba House
Edinburgh Road
Lamington
Biggar
ML12 6HP

Telephone: 08453 009 272

Type of inspection:
Unannounced

Completed on:
23 March 2025

Service provided by:
Scottish Autism

Service provider number:
SP2003000275

Service no:
CS2003001385

About the service

Clannalba is a small care home based in the picturesque rural location of Lamington, near Biggar. The provider is Scottish Autism, and the service is registered to provide support for up to ten individuals on the autistic spectrum. People lived in either one of three self-contained chalets within the grounds or in the main building.

The main house has two self-contained flats and four bedrooms with en-suite facilities and is built over two floors. It offers communal and private spaces for people to use including lounge and dining areas and kitchen facilities.

People living at Clannalba have access to a large, secure garden area with a range of equipment to support physical interactions and fun activities. The service also had a sensory room and an indoor activity area.

At the time of the inspection there were nine people living at the home.

About the inspection

This was an unannounced inspection which took place on 21 and 22 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, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- visited with five people using the service and spoke with five family members
- we spoke with six members of staff staff and management
- we observed practice and daily life and reviewed documents including personal plans, feedback questionnaires and staff meeting minutes
- prior to the inspection we issued questionnaires and received three from people using the service and four from family members
- we also spoke with two visiting professionals.

Key messages

People benefitted from positive relationships with a motivated staff team.

The service promoted a culture of mutual respect and collaboration to ensure person led care.

A range of creative activities were available to people to promote wellbeing.

The environment offered choice of accommodation and social spaces.

Assessment and personal planning were being developed.

Opportunities for staff development and reflection were being developed.

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
How good is our setting?	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.

Quality Indicator 1.3 People's health and wellbeing benefits from their care and support

We observed positive, respectful interactions between staff and people living in the service. This helped make people feel comfortable in their home environment.

Each individual was supported by a core team who had a good understanding of the person's day to day needs and preferences. They demonstrated an awareness of people's individual sensory responses, communication preferences and their emotional wellbeing indicators which helped ensure people received appropriate support and achieved positive outcomes.

People's support was planned by a multi-agency team which included family members where appropriate. This ensured a holistic approach to support people's individual needs and promoted a responsive approach that was not based on assumptions about people with autism. This helped to ensure personalised support.

A practice development team was available to assist staff to support positive day-to-day living. A range of proactive strategies was available as part of the low arousal approach and focused on the PERMA model. (Positive emotions, Engagement, positive Relations, Meaning and Accomplishments). This focused on people's wellbeing and not on their difficulties or challenges. Staff feedback from recent input from this team was very positive and they felt more confident in their practice.

Family members were involved in day-to-day decisions about their loved one's wellbeing and were very much part of the care team. Each individual had scheduled development days where their whole care team came together to share experiences, discuss strategies and ensure a consistent approach for their care.

Families spoke very highly of the support their loved ones received at Clannalba. Comments demonstrated families had confidence in the service; "it's a great place and I am very lucky ...I'm getting older and my son being here gives me huge peace of mind" and "I am entrusting them with the most important thing in my life and I trust them wholeheartedly to look after him well".

Visiting professionals also commended the support people received. Comments included "staff know people well and always support them well" and "they are open to having a holistic view of people's care and raise health concerns appropriately".

People were supported to access health services as appropriate either by being supported in the community or by arranging for health professionals to attend the service. This included psychiatry, psychology, dietician, occupational therapy and physiotherapy as appropriate. This gave a holistic approach to people's experience of health and wellbeing.

Medication procedures were being reviewed. Training and support for staff was being enhanced to ensure medication was taken according to prescribed instructions and in a manner which was respectful, and person centred.

People were involved in meaningful activities and had access to their own bedrooms, separate lounge / dining area with TV and music as well as a sensory room and interactive projector tool. Trips to community activities and short breaks away to places such as Centre Parcs saw people have fun and enjoyable experiences.

Personal plans help to direct staff about people's support needs and their choices and wishes. Information relating to health, stress reduction and wellbeing was recorded within electronic support plans. Daily recordings, risk assessments and support strategies were available to all staff to direct support effectively.

It is important that personal plans are evaluated regularly to ensure they reflect current needs and preferences. We found inconsistencies in the quality of personal planning as some details had not been updated/reviewed. Improved oversight would help ensure personal plans reflected people's needs and preferences. An organisational review of assessment and planning tools was underway. Additional staff training was planned to support improvement in this area.

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.

Quality Indicator 3.2 Staff have the right knowledge, competence and development to care for and support people

The rurality of the service and lack of public transport available meant recruiting staff was challenging. Vacancies and staff absences impacted on the ability to provide staff for scheduled supports. The committed core staff team worked additional shifts which, combined with the use of regular agency staff, helped to provide consistency of care.

The organisation had prioritised recruitment and retention of staff and were working on initiatives to address staffing challenges such as linking in with local bus companies to improve transport options.

People should have confidence that staff who support them are trained, competent and skilled.

The management team planned to strengthen formal opportunities to promote reflective practice discussion about what worked well and where practice could be developed. This would help identify learning priorities. (See area for improvement)

Senior staff were developing a formal process to assess staff's understanding of training, provide further opportunities for reflection and review how learning impacted positively on practice supporting good outcomes for individuals.

The practice development team offered debriefing sessions with staff following adverse incidents. This promoted a learning culture and meant staff felt valued and able to share their experiences and feelings in a safe environment. This process was being developed to ensure all staff had the opportunity to reflect on incidents.

Staff meetings provide a forum for staff to influence practice and service improvement. Some useful meetings had taken place with night care staff to review and improve how agency staff were deployed.

However, staff availability had impacted on attendance of team meetings.

The management team were gathering feedback from staff about how they could improve attendance, and the contributions made at team meetings. This would ensure staff had scheduled opportunities to voice opinions, share concerns, seek solutions to challenges and share best practice. (See area for improvement)

A range of core training opportunities was available both online and face to face. This included epilepsy support, first aid and a low arousal approach. Recent specialist input specific to one individual's needs had supported staff to be more confident in their practice.

The organisation was supporting leaders to define their roles and responsibilities. A specific senior development programme had been introduced to enhance the skills and confidence of the senior team. (See area for improvement)

Areas for improvement

1. The provider should formally evaluate the staff development processes being implemented.

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

Quality Indicator 4.1 People experience high quality facilities

People can expect to live in high quality facilities. Appropriate infection, protection and control (IPC) measures were in place ensuring the home was clean and tidy. Domestic staff worked hard to maintain a homely environment, had access to sufficient cleaning products and used personal, protective equipment (PPE) as appropriate. The use of electronic cleaning schedules allowed the manager to monitor this effectively. This helped to keep people safe and well.

The layout of the building worked well for people's individual needs. There were different types of accommodation including chalets within the grounds, flats within main building and en-suite bedrooms. People were matched with the appropriate accommodation to meet their needs. The service was proactive in responding to people's individual needs. This included building a self-contained flat for one individual and renovating the en-suite bathroom for another who preferred a bath. This demonstrated a person led approach and was very much valued and appreciated by families. One family member commented "his flat was built for him and it is life changing. Extended family and friends can visit as he has his own front door, and they love seeing where he lives". Families also confirmed they were routinely involved in decorating and furnishing choices for their loved one's accommodation.

Routine maintenance issues were attended to as appropriate and areas of work that needed attention were reflected in an improvement plan. This included work to develop the grounds.

We heard individuals and their families will be involved in determining how best to develop an area of spare ground to offer more choice for people to spend their time in an outdoor environment.

The on site swimming pool was out of use. Feedback from families confirmed their hopes that the pool can be reinstated. This was being explored by the provider.

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 staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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