

## Thorntoun Estate Nursing Home Care Home Service

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Crosshouse  
Kilmarnock  
KA2 0BH

Telephone: 01563 572626

Type of inspection: Unannounced  
Inspection completed on: 29 November 2017

**Service provided by:**  
Thorntoun Limited

**Service provider number:**  
SP2003002275

**Care service number:**  
CS2003000768

## About the service

Thorntoun Estate Nursing Home is registered to provide a care service to a maximum of 78 older people, which can include:

- 12 places within the Laurels for adults and older people with learning difficulties
- Seven places for adults with physical disabilities
- Four short break/respite places for the same client group.

The provider is Thorntoun Limited. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate when it was formed in 2011.

The home is located in Thorntoun Estate midway between the villages of Crosshouse and Springside. The home is split into three distinct units, The Laurels and units 1 and 2. The Laurels has its own entrance and is separated from the main home by a keypad to help keep people safe.

Accommodation is provided over two floors and consists of 76 bedrooms, many of which have en suite facilities. There is lift access to the upper floor. People using the service have access to a range of communal facilities including lounge and dining facilities.

The grounds and gardens surrounding the home are well maintained and provide residents with access to a safe outdoor space including a sensory garden. The home also has a minibus with a wheelchair lift to support residents to access the community.

At the time of this inspection, 77 people were resident within the service.

The stated aim of the service is 'to deliver the highest quality of care and support to each and every service user'.

## What people told us

Overall, residents and relatives were positive about the care and support, and the overall service provided at Thorntoun.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection, we used SOFI 2 to observe the experience of five residents within a group of seven within the lounge area. Positive engagement was observed between two residents with staff who were outwith those in the group of five. There was very little staff interaction with the other residents, many of whom appeared withdrawn, were under stimulated and chose to sleep. This meant there were missed opportunities to support residents using their learning from their involvement in the 'care about physical activity' programme.'

Through discussions and feedback questionnaires from residents and carers, feedback comments included:

'Staff are positive and proactive. There is a good range of events/activities. All the staff call my relative by name. I visit (regularly) to take my relative out. He is prepared and encouraged to get out and about.'

'My (family) and I are very happy with the way the home is run and we always find the staff very nice and very helpful.'

'The family are highly delighted with the care of (my relative). She is always clean and always looks fresh. She is the happiest we have saw her for many years. Keep up the good work. The staff are all a credit to Thorntoun.'

'Disappointed about how many of my relative's things have gone missing - watch, slippers, dressing gown, outdoor coat, two pairs of shoes, all of which were of good quality and clearly labelled.'

'My relative is extremely well cared for and is very happy and content at Thorntoun. She thoroughly enjoys all the entertainment and the wonderful gardens.'

'Laundry service is terrible..... I have taken in over last two years (list of underwear items) but there is never any in her room. I have gone in and she has had other people's jumpers on, even though her clothes are all named. My relative has plenty of clothes in her room but there is always some missing. Overall, care is very good, but laundry badly needs improving.'

'I feel good about staying here. I have a good relationship with all the staff and know I can turn to them if needs be.'

## Self assessment

We did not request a self-assessment prior to this inspection. However, we did request to view the service development plan to enable us to monitor how this was used to make improvements and enhance the service.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

## Quality of care and support

### Findings from the inspection

Overall, feedback from residents and relatives stated most people were happy with the care and support provided at Thorntoun. Some concerns were identified about communication issues between staff, which had the potential to compromise care for residents. This element is discussed further within the theme of staffing.

Some positive interactions were observed between residents and staff, where residents responded with warmth. Families spoke of positive relationships with carers 'who are worth their weight in gold' and they had trust and confidence in them.

Whilst we saw that staff generally provided some good engagement with residents, there were set times during which activity staff were involved with structured activities. There had been some positive engagement with the 'care about physical activity' programme to enhance the strength, coordination, balance and wellbeing

of residents. However, more flexibility in how this role was used or extended and more effective use of the resources overall could improve the outcomes for all residents, not only those with some degree of mobility.

We found there were some significant areas where residents and carers were involved with the focus to improve the health of residents. However, there were fundamental elements to meeting their healthcare needs which had not been consistently updated within care plans. Examples included care plans with a clinical focus with limited detail on all service user current needs or how they should be supported, and a lack of person centred information on how needs of residents were to be met. Another type of example relates to involvement of families who had made specific requests for supports to improve the wellbeing of their relative. (see requirement 1 and recommendation 1)

The role of the keyworker within the service could be more effectively utilised to enable provision of a more person centred approach to care and support. Completion of life story work would provide information, as well as opportunities to support more meaningful engagement and potential activity involvement. This could then increase the potential for provision of a more holistic service specifically related to the needs of individuals. (see recommendations 2 and 3)

Review of medication and incident reporting systems identified some areas for improvements. This included clarity on prescriptions, appropriate recording of administration with accurate timings where relevant to minimise the risk of errors which had the capacity to pose a risk to residents, whilst promoting support for staff in good practice. (see recommendation 4)

## Requirements

### Number of requirements: 1

1. The provider must ensure that the assessment and care planning process is improved by ensuring that:

- assessment tools and risk assessment tools are accurately completed to identify needs of service users
- person centred care plans are in place and regularly monitored to ensure that assessed needs are being effectively met, with clear direction on how service users choices and preferences are considered, with regular reviews to monitor and evaluate effectiveness of care plans
- six monthly reviews of personal plans are carried out timeously with updates to decisions to care being reflected appropriately within care plans.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 - SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for completion: by 30 April 2018.

## Recommendations

### Number of recommendations: 4

1. The manager should promote a more outcome focussed plan that should be reflective of the person receiving the support. This should include identification of individual outcomes and goal planning as well as support required to work towards achieving these. This would enhance the quality of support, encourage choice and provide a consistent approach to support provision for each resident.

National Care Standards, care homes for older people - Standard 6: Support arrangements.

2. Medication recording systems and processes, including monitoring of stock balances, recording of administration times, including topical medication records should be improved to ensure safety for service users.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Standard 6: Keeping well medication.

3. The provider should promote and develop the role of keyworker within the service to develop staff understanding and improve identification of outcomes for residents.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.

4. The manager should continue to progress the use of life story information to enable residents to engage in meaningful activities and engagement linked to the development of the keyworker role. This would support staff to identify and facilitate opportunities for meaningful engagement.

National Care Standards, care homes for older people - Standard 6: Support arrangements.

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

We found a safe, secure and welcoming environment. Feedback from residents, relatives and visitors described how this was their experience within Thorntoun. With open visiting, this supported how positive relationships between residents and family and friends were encouraged to support residents to feel Thorntoun was their home.

The physical environment was supported by a maintenance man who worked to ensure equipment and fixtures and furnishings were well kept in good order. This included the upkeep of a secure garden area that residents could freely access. Housekeeping staff worked hard to promote good infection control practices through good cleaning and general safety. Some consideration should be given to improvements in how continence is promoted within the home, which could assist in the reduction of any offensive odours. Residents also participated in the assessment of various aspects of monitoring and auditing the environment, including an audit to identify positive improvement areas to support development of the environment for people who live with dementia. Residents and relatives provided their feedback which they stated they enjoyed being involved in.

A combination and variety of internal and external activities were facilitated for residents to promote community involvement. External activities included outings to the theatre, out for coffee/lunch and to garden centres. Internal activities included entertainers, games, knitting and craft events. Whilst some risk assessments were in place, updates and ongoing development of specific risk assessments should continue to be undertaken.

More detail within personal emergency evacuation plans (PEEPs) would give clearer information on the level of assistance required for each resident in the event of an emergency.

Freedom to move around the environment was supported by appropriate staffing levels and the use of 'SMART' technology which alerted staff when assistance may be required for a resident. Relatives commented how they fully supported the freedom of movement for their relative and favoured the positive risk taking to facilitate this. Some signage could better identify the risk of stairs for residents walking around.  
(see recommendation 1)

Support staff should be supported to understand the legal systems and relevant elements of legislation. Their knowledge on how to protect residents using the Public Services Reform Act (Scotland) 2010 and Adults with Incapacity Act (Scotland) 2000 could be consolidated through use of Mental Welfare Commission guidance. This could promote appropriate records are being devised and completed on an ongoing basis.  
(see recommendation 2)

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. Training for staff on legal documentation and Mental Welfare Commission guidance could develop their understanding in protecting residents.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

2. Appropriate signage should be displayed around the home, including to highlight access to stairs to protect residents.

National Care Standards, care homes for older people - Standard 4: Your environment.

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

Staff demonstrated warmth, kindness and compassion to residents, with residents stating they had complete trust in most of the staff who cared for and supported them. A positive care staff team who had received recognition from residents, families and health professionals were motivated to provide a safe environment for residents, with respect of individual choices.

We reviewed recruitment files which could more effectively demonstrate how safer recruitment guidance was followed to protect residents and support staff. We discussed this with the management who had planned to evaluate the processes used.  
(see recommendation 1)

Appropriate systems were used to monitor the mandatory registration of staff with the relevant regulatory body, to ensure they were safe practitioners to care for residents.

From the information made available at the time of inspection, we were unable to see evidence of all staff consistently being offered or attending regular training. This included mandatory training and supporting staff to undertake development opportunities and develop best practice.  
(see recommendation 2)

To promote and improve in the development of staff and enhance outcomes for residents, staff practice could be more effectively monitored through use of reflective supervision and observational practice. This would ensure staff understand their role and practiced in accordance with best practice and regulatory codes.  
(See recommendations 3 and 4)

Support for staff was provided through staff meetings which demonstrated how positive and negative issues of practice and general conduct were being raised by management and how staff actively participated in discussions.

Despite use of communication systems, we observed some aspects of team working which could be more positively demonstrated. Some staff only worked within their perceived area of responsibility which did not always support a team working approach in meeting the needs of residents or reflect the contribution of other staff. This style of working should be addressed with the focus on developing the various elements of the team working together to achieve the best outcomes in care and in the health and wellbeing of residents.  
(see requirements 1 and 2)

## Requirements

### Number of requirements: 2

1. The provider must improve teamworking to ensure all members of the team are treated with consideration and respect when sharing information.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 - SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users and  
Regulation 15 (a) and 15(b)(i) - staffing and  
National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

Timescale: by 31 January 2018.

2. All staff must receive appropriate training timeously to support positive outcomes for residents at all times ensure they fully understand the elements of their role, adhering to their relevant Codes of Conduct with a regulatory body and associated practices expected of the role, including protection of vulnerable adults.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 - SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users and  
Regulation 15 (a) and 15(b)(i) - staffing and  
National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

Timescale: by 31 March 2018.

## Recommendations

### Number of recommendations: 4

1. For the safe and appropriate recruitment of staff, The manager should ensure that the service adheres to safer recruitment guidance at all times.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

2. The service provider must maintain accurate records of training undertaken by staff and consider how best to support staff to maintain individual records consistent with requirements of professional registration and evaluate practice consistent with the Common Core of skills, knowledge and values grid, SSSC 2016.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

3. To support the personal and professional development of staff, the manager should ensure that supervision is carried out in line with the organisations policy. The manager should also consider how reflective supervision and practice observations can further support staff development.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

4. The management should ensure all staff fully understand the elements of their role. This includes knowledge of the Codes of Conduct for registrations with a regulatory body and associated practices expected of the role, including record keeping and protection of vulnerable adults.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

Overall, significant investment had been made by the provider and management to provide facilities for residents to have the best outcomes possible for them. However, we identified changes in previously embedded systems to monitor, assess, improve and enhance the quality of care within the service, which had resulted in reduced activity in completion of the quality assurance systems.

Recent actions taken to resolve instances of errors of judgements by nursing staff in their practice had utilised a supportive approach to address incidents. However, this approach did not support promoting more accountability for individual staff, but had led to similar repeat instances which had the potential to cause significant harm to residents. More effective implementation of policies and procedures to protect residents, and support staff practice, would improve outcomes for residents in accordance with the standards set by governing bodies of health and social care staff. Notifications must be made to the relevant regulatory and governing agencies as appropriate. This also links to requirement one in theme three for staffing.  
(see requirement 1)



We saw minutes of meetings where areas of concern identified were discussed to promote staff awareness in their responsibility to practice safely. However, repeated discussions were evident with no staff being held accountable, limited improvements were noted in staff practice which had the potential to compromise wellbeing of residents.

We looked at accident/incident reporting and analysis and found instances where we had not been notified in accordance with the guidance on notification reporting. We advised that improved analysis and oversight may result in enhanced risk control measures being identified to protect residents and staff.  
(See recommendation 1)

Whilst some audits were being conducted, a review on the effectiveness of these current systems must be undertaken, with the focus on outcomes for residents. Creation and implementation of a clear and robust development plan would support quality assurance to identify effectiveness of the current levels of service provided to residents.

## Requirements

### Number of requirements: 1

1. The provider must ensure that robust quality assurance systems are implemented and adhered to. This includes:

- a service development plan to develop and monitor the service
- implementation of policies and procedures
- appropriate management actions following disciplinary actions
- reporting of any notifications as required with any outcomes and/or actions taken
- monitoring and identification of care planning and person centred care
- monitoring and use of medication systems and processes.

This is in order to comply with: Public Services Reform Act 2010, Scottish Statutory Instrument 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them and SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale: by 31 March 2018.

## Recommendations

### Number of recommendations: 1

1. The service should ensure that accident/incident records are consistently followed up and detail information about follow-up actions to minimise risk of re-occurrence.

National Care Standards, care homes for older people - Standard: Management and staffing and Standard 9: Feeling safe and secure.

**Grade:** 2 - weak

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

#### Recommendation 1

The service provider should ensure that topical recording sheets are signed timeously to confirm administration of topical cream or reasons for omission recorded.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

**This recommendation was made on 10 December 2015.**

#### Action taken on previous recommendation

We noted errors and lack of completion of topical medication records.

This recommendation is repeated within a wider medication recommendation in theme 1.

#### Recommendation 2

A life history should be obtained from residents and relatives and reflected in the plan of care. In particular, this should show how life history information is used to enable residents to participate in activities of their choice.

National Care Standards, care homes for older people - Standard 6: Support arrangements.

**This recommendation was made on 10 December 2015.**

#### Action taken on previous recommendation

Although life story work was being completed, there was a lack of reflection within personal plans on how this information was being used to support residents.

This recommendation is repeated.

#### Recommendation 3

The service should review how it manages situations for people with smoking habits.

National Care Standards, care homes for older people - Standard 4: Your environment.

**This recommendation was made on 9 November 2016.**

## Action taken on previous recommendation

Actions had been taken to improve the situation for people with smoking habits.

This recommendation is met.

## Recommendation 4

The service provider must maintain accurate records of training undertaken by staff and consider how best to support staff to maintain individual records consistent with requirements of professional registration.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

**This recommendation was made on 9 November 2016.**

## Action taken on previous recommendation

There remained gaps within the information on staff training. This is discussed within theme 3.

This recommendation is repeated.

## Recommendation 5

All staff should be aware and able to demonstrate practice consistent with the Common Core of skills, knowledge and values grid, SSSC 2016.

**This recommendation was made on 9 November 2016.**

## Action taken on previous recommendation

We saw how staff demonstrated a positive value base and had respect during interactions with residents. We have merged this recommendation with another made during this inspection process.

## 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
9 Nov 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
10 Dec 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
19 Aug 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
5 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
2 Jul 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
11 Nov 2013	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
25 Apr 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good

Date	Type	Gradings	
8 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
23 Oct 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Nov 2011	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
8 Sep 2011	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	4 - Good
21 Apr 2011	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	2 - Weak
15 Mar 2011	Re-grade	Care and support	1 - Unsatisfactory
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	1 - Unsatisfactory
28 Oct 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
29 Apr 2010	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good

Date	Type	Gradings	
24 May 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
1 Oct 2009	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
3 Nov 2008	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
6 May 2008	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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