

Cumnor Hall Care Home Service

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Telephone: 01292 266450

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Church of Scotland Trading as
Crossreach

Service provider number:

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Service no:

CS2003001313

About the service

Cumnor Hall is a detached villa situated close to Ayr town centre with easy access to a range of community resources. Cumnor Hall is a care home service that is registered to provide a residential care service for a maximum of 31 older people with dementia. This includes a respite service for a maximum of four people. All bedrooms are single occupancy with one double bedroom for a married couple.

The stated aim of the service is to "Promote and provide a service of quality to all our service users. The services which we provide are residential care and respite care." Our aim for residential care is to provide a comfortable, safe and homely environment for older people to live. We aim to involve the service user in every aspect of daily living and to assist them to participate in the ongoing improvements of our care service."

What people told us

For this inspection, we received views from 13 of the people using the service and relatives and carers.

One family we met felt their relative was content and happy in Cumnor Hall. They felt their relatives bedroom was nice and clean, they enjoyed their food and said the staff could not do enough for her. They felt that staffing levels on the day of the inspection had contributed to a personal care issue.

A relative said they felt welcomed in the home and that they and their loved one were well fed. Their relative was "well looked after" by "nice staff". They were happy with their relatives room.

We heard about outings a resident had enjoyed. They also complimented all aspects of their care arrangements, particularly their bedroom.

We spoke with a further two relatives who felt welcomed in the service. Both were very satisfied with their families care arrangements. One described the staff as "loving" the other said care was "excellent".

We asked the service to distribute care standard questionnaires, eight were returned. All respondents expressed high levels of satisfaction.

One individual disagreed that their relatives personal property and clothing are clearly marked and properly cared for, and not used by others.

Additional comments were made as follows:

"There has been a significant improvement in the quality of the environment within the home, furniture and fittings have been replaced to the benefit of the residents and visitors. A rolling programme to introduce new staff has been successfully implemented. Staff are very caring. Management respond quickly and positively to concerns we have expressed. Any issues are resolved to our satisfaction. Key workers could have more contact with families. Regular chats and feedback would be welcomed."

"Our family have been treated with such kindness and understanding." "We felt so relieved to let dad go to a place where we have seen all residents cared for with dignity and kindness. We are very grateful to all at Cumnor Hall." This family described meaningful activities that their relative was supported with.

"For the work they do in the home the staff - give them 100%."

"I am pleased to see that staff take account of mums changing needs and give assistance accordingly, especially as they change daily. Their aim is to keep her as independent as possible. They described "exceptional help".

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection. The provider was working on an improvement plan to improve the experience of people living in Cumnor Hall.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

We received positive comments about the care and support at Cumnor Hall. Staff had developed meaningful relationships with residents and relatives. We observed staff treat people with warmth, kindness and compassion. This helped Cumnor Hall to feel relaxed and welcoming.

Since the last inspection the provider had continued to recruit staff. This had reduced agency staff use and improved consistency and continuity as staff knew of the care needs, choices and wishes of residents. This helped promote health and wellbeing as staff were able to recognise any deterioration in their presentation. A handover period helped ensure staff were well informed about each residents presentation and wellbeing. External health care professionals were involved, where required, which helped people to stay as well as they could. Residents and staff told us there were enough staff to respond to residents needs.

To focus on what matters to individuals the organisation used an outcome focused model of care planning. The quality and consistency of care planning was an ongoing area for improvement. We repeated a previous recommendation. See recommendation 1. The management planned to improve daily care records and care plan reviews by focusing more on the residents' experience. To ensure that people's needs are met risk assessments relating to falls and nutritional needs should be fully completed.

Formal care reviews helped ensure that people's care and support meets their needs.

Residents' wellbeing can benefit from spending time with their named worker. Staff changes had limited the establishment of a robust key working system. We have repeated a recommendation about this in theme three.

Overall, residents could be confident that their medication was appropriately managed. This would be improved by adopting a more person centred approach to medication administration in accordance with each individual's preferred daily routine. To promote good skin care practice we have repeated a recommendation relating to record keeping around the application of creams and lotions. See recommendation 2.

Residents told us that they were happy with the food. Staff knew about dietary needs and preferences and supported people to enjoy meals and snacks. We asked that the provider improve how people who live with dementia were supported to express their choices of food and drinks.

Appropriate legal documentation was in place to support the decision making process on behalf of individuals who were unable to do so.

The service demonstrated that they understood how purposeful and enjoyable activity and maintaining community links benefited people's wellbeing. The activity coordinators arranged a programme of group and individual recreational activities. This included opportunities to go out in the local community and to use the pleasant garden area. Residents would benefit from free access to the garden. We saw that residents enjoyed intergenerational activities and the involvement of a community art group. To improve activities suitable for residents living with dementia the management had introduced "Namaste" therapy. Managers acknowledged that this could be further developed.

To support the provision of quality care and support, to people who live with dementia, the service should devise a specific dementia improvement strategy based on best practice guidance. This should take account of the skills of the staff, meaningful recreational activity and the care home environment. See recommendation 3.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 3

1. The manager should promote a more outcome focussed plan that should be reflective of the person receiving the support. This would enhance the quality of support and provide a consistent approach to support provision for each resident.

This is to ensure care and support is consistent with the Health and Social Care Standard which states that: My care and support meets my needs and is right for me (HSCS1.19).

2.
To support good skin care practice, health and wellbeing topical medication records should be improved.

This is to ensure care and support is consistent with the Health and Social Care Standard which states that: My care and support meets my needs and is right for me (HSCS1.19).

3. To support the provision of quality care and support, to people who live with dementia, the service should devise a specific dementia improvement strategy based on best practice guidance. This should take account of the skills of the staff, meaningful recreational activity and the care home environment.

This is to ensure care and support is consistent with the Health and Social Care Standard which states that: My care and support meets my needs and is right for me (HSCS1.19).

Grade: 4 - good

Quality of environment

Findings from the inspection

Residents told us they were happy with the quality of the environment and facilities. To make Cumnor Hall a safe and pleasant place to live, maintenance and domestic staff ensured that the accommodation was clean and well presented and the provider was progressing a programme of environmental improvements.

All residents had single bedrooms with en suite facilities which promoted privacy and dignity. To create a more homely and welcoming environment some residents had been supported to personalise their own bedroom with personal items and furnishings.

Residents could be confident that the service provided an appropriate range of equipment to support their support needs.

Residents benefited from a pleasant secure garden and a choice of lounges and a dining area. Work was underway to improve the lounge facilities.

Residents within Cumnor Hall live with dementia. Measures had been taken to support orientation around the building. However, further improvements were planned to develop an environment supportive of the needs of people who live with dementia. This was based on the findings of the "Kings Fund" audit tool used to assess how dementia-friendly the building was. We made a recommendation under theme 1 - care and support, in relation to the development of a dementia strategy. This includes having an environment more suited to the needs of people living with dementia.

Residents should be confident that the care home environment has been adapted to meet their needs. We repeated a recommendation about the potential risk of vulnerable service users accessing the stairs (see recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To promote safety a risk assessment should be completed and any risk reduction measures needed be put in place in respect of access to stairways.

This is to ensure care and support is consistent with the Health and Social Care Standard which states that the premises have been adapted, equipped and furnished to meet my needs and wishes. (HSCS 5.16)

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

The staff team engaged very well with inspectors and presented as being motivated to provide high standards of care. Residents and relatives spoke positively of the staff team at Cumnor Hall. We saw many good examples of positive engagement between residents and staff. This helped promote a pleasant and relaxed atmosphere.

Continued recruitment had reduced agency staff use and promoted continuity and stability within the staff team. However, staff changes impacted on embedding the role of key workers. We repeated a recommendation relating to this. See recommendation 1.

To support staff development one to one supervision sessions had been implemented. This gave staff the opportunity to discuss training, practice and development issues with their line manager. The company trainer supported staff to reflect on their learning. This helped to identify what they do well and where they need to improve their knowledge base and skills and ensure that training impacted on work practice in a positive way. We have repeated a previous requirement relating to monitoring of moving and handling practice and a recommendation to continue to develop a more person led approach to care delivery. See requirement 1 and recommendation 2.

Residents should be confident that staff are appropriately skilled. Staff had attended training in a range of relevant areas to support on going improvement. This included a training programme to support staff to attain the required qualifications to meet the conditions of their professional registration.

The continued development of "champion roles" would promote improvement in practice in key areas of care.

Requirements

Number of requirements: 1

1. The provider must ensure staff fully comply with moving and handling care plans and risk assessments which are in place to support residents.

This is in order to comply with; SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale for compliance: 31.1.2019

Recommendations

Number of recommendations: 2

1. To promote meaningful activity the keyworker role should be developed to ensure staff are given the opportunity to actively participate in the spirit of the role.

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

2. Management should ensure all staff have an understanding of their job role and its provision in a person-centred manner.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: My needs as agreed in my personal plan, are fully met, and my wishes and choices are respected. (HSCS1.23)

Grade: 3 – adequate

Quality of management and leadership

Findings from the inspection

Care services benefit from strong, supportive leadership. Cumnor Hall was well supported by external managers and departments, including training, human resources and facilities management. Since the last inspection the interim manager had been appointed as the permanent manager. We heard that managers were approachable and responsive. This open style of leadership had impacted positively on the overall operation of the service and staff morale.

Managers demonstrated a strong commitment to the continued improvement of the service. Improvement forums focused on specific areas of service delivery. This promoted a positive culture where people treat each other with respect and work effectively together to enhance residents experience.

Residents and relatives could be confident that systems were in place to deal with residents finances and any concerns or complaints.

Effective quality assurance systems support ongoing improvement. Residents could be confident that the quality of aspects of the service were being monitored. We saw that feedback was welcomed. This was being collated to inform the service improvement plan. A self evaluation tool based on the new Health and Social Care Standards had been developed to inform the service improvement plan. The experience of living in Cumnor Hall may be improved by focusing on a specific dementia improvement strategy. See recommendation 1.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To support the provision of quality care and support, to people who live with dementia, the service should devise a specific dementia improvement strategy based on best practice guidance. This should take account of the skills of the staff, meaningful recreational activity and the care home environment. Residents, relatives and staff should be involved in the development of this.

This is to ensure care and support is consistent with the Health and Social Care Standard which states that: My care and support meets my needs and is right for me. (HSCS1.19).

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider must review quality assurance systems and processes to ensure the quality of this service is improved.

This is in order to comply with SSI 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.

Timescale: within three months on publication of this report.

This requirement was made on 27 February 2018.

Action taken on previous requirement

We found that audits had been completed. This included audits of care plans, the environment and medication management. A peer audit had taken place and a resident/relative satisfaction survey completed.

The management had recently developed an audit tool to evaluate the services performance against the expectations of the new Health and Social Care Standards.

Met - within timescales

Requirement 2

The provider must ensure staff fully comply with moving and handling care plans and risk assessments which are in place to support residents.

This is in order to comply with; SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people.

This requirement was made on 27 February 2018.

Action taken on previous requirement

The management team observed moving and handling practice in their day-to-day role, however, this was not a structured or formal process. They planned to implement an assessment tool that they had developed to evidence appropriate moving and handling techniques were used.

Not met

Requirement 3

The provider must ensure staff receive further moving and handling and first aid training following this complaint investigation. This is in order to comply with; SSI 2011/210 Regulation 15(b)(i) - training appropriate to the work they perform and

National Care Standards, Care Homes for Older People - Standard 5: Management and leadership.

This requirement was made on 27 February 2018.

Action taken on previous requirement

The staff members involved had participated in the required training.

Met - within timescales

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

Previous recommendations

Recommendation 1

Each resident's personal plan should be updated to reflect changes on at least a six monthly basis.

National Care Standards, Care Homes for Older People - Standard 6: Support arrangements.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

Personal plans were updated within the stated timescale. Therefore the terms of this recommendation were met.

The management acknowledged that the quality and consistency of personal plans was an area where further improvement was needed. It was expected that improved consistency within the staff team would support this.

Recommendation 2

Information and documentation for residents should be provided in a service user – friendly format.

National Care Standards, Care Homes for Older People – Standard 1: Informing and deciding and Standard 11: Expressing your views.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

We found some pictorial information to help service users to make meal choices. We thought that this could be further improved by showing service users plated meals to choose from. This should be progressed.

There was a large notice board in the main reception area which gave information about planned activities.

Some signage was in place to direct individuals around the care home. We also noted that bedroom doors had been personalised to support individual's to identify their own room. Themed corridor areas helped with orientation.

The provider planned to make ongoing improvements to the care home in accordance with the needs of people who live with dementia. The "Kings Fund" environmental audit had been used to inform this process.

This recommendation is: not met in full, and is repeated.

Recommendation 3

The manager should promote a more outcome focussed plan that should be reflective of the person receiving the support. This would enhance the quality of support and provide a consistent approach to support provision for each resident.

National Care Standards, Care Homes for Older People – Standard 6: Support arrangements and Standard 8: Making choices.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

The acting manager acknowledged ongoing improvement was needed. They felt that recent recruitment activity and ongoing training would allow progression in this area.

This recommendation is: repeated.

Recommendation 4

Supervision should be provided on a regular basis with the emphasis on support and development of each individual staff member.

National Care Standards, Care Homes for Older People – Standard 5: Management and staffing arrangements.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

A supervision schedule was in place. The training department were working with staff to ensure that training was being implemented in their working practice.

This is met.

Recommendation 5

Management should ensure all staff have an understanding of their job role and its provision in a person-centred manner.

National Care Standards, Care Homes for Older People – Standard 5: Management and staffing arrangements.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

The training department supported improvement with a training and development programme. They were working with staff to consider how training impacted on their day to day work.

We have identified areas, including meaningful activity and medication management and personal planning, that should be more person centred and have repeated this recommendation.

Recommendation 6

All staff should undertake training timeously which will support positive interaction with residents.

National Care Standards, Care Homes for Older People – Standard 5: Management and staffing arrangements and Standard 9: Feeling safe and secure.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

We observed warm and caring interactions between staff and residents. Residents were treated with compassion and respect.

This is met.

Recommendation 7

The keyworker role should be developed to ensure staff are given the opportunity to actively participate in the spirit of the role.

National Care Standards, Care Homes for Older People – Standard 7: Moving in.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

The key worker role was not fully embedded. To promote improved outcomes for residents this should be developed.

This recommendations is: not met and repeated.

Recommendation 8

The management should consider methods to provide feedback on outcomes from actions taken from suggestions.

National Care Standards, Care Homes for Older People – Standard 5: Management and staffing arrangements and Standard 11: Expressing your views.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

The management team met with residents and relatives to gather feedback and share their development plans. The results of the satisfaction survey had been shared at a relatives meeting.

This recommendation is met.

Recommendation 9

To support good skin care practice, health and wellbeing topical medication records should contain appropriate direction in the application of prescribed skin creams and lotions.

National Care Standards, Care Homes for Older People – Standard 6: Support arrangements and Standard 15: Keeping well – medication.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

This recommendation is not met and repeated to allow for further improvement.

Recommendation 10

To promote safety the maintenance schedule should be extended to include checks of wheelchairs, water temperatures and window restrictors.

National Care Standards, Care Homes for Older People – Standard 4: Your environment.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

The maintenance schedule took account of wheelchair checks and water temperatures. The manager agreed to include window restrictors. On balance, this recommendation is met.

Recommendation 11

To promote safety a risk assessment should be completed and any risk reduction measures needed be put in place in respect of access to stairways.

National Care Standards, Care Homes for Older People – Standard 4: Your environment.

This recommendation was made on 27 February 2018.

Action taken on previous recommendation

This recommendation remains outstanding, however, the manager had a meeting scheduled with a representative from the estates department to identify an appropriate solution.

This recommendation is not met and repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	
26 Mar 2018	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 3 - Adequate Not assessed
7 Feb 2018	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
12 Sep 2017	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak 3 - Adequate
26 Apr 2017	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed Not assessed 3 - Adequate Not assessed
16 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
9 Dec 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak 3 - Adequate
15 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed

Date	Type	Gradings
12 Aug 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
12 Mar 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
5 Sep 2014	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate
4 Sep 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
20 Dec 2012	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
2 Dec 2010	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing Not assessed Management and leadership Not assessed
4 May 2010	Announced	Care and support 4 - Good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed
16 Mar 2010	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed

Date	Type	Gradings	
17 Jun 2009	Announced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
4 Mar 2009	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	Not assessed
15 Jul 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good

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