

## The Elms - Crosshouse Care Home Service

7 Paddock View  
Thorntoun Estate  
Crosshouse  
Kilmarnock  
KA2 0BH

Telephone: 01563 550074

**Type of inspection:**

Unannounced

**Completed on:**

4 July 2018

**Service provided by:**

Thorntoun Limited

**Service provider number:**

SP2003002275

**Service no:**

CS2003000767

## About the service

This service registered with the Care Inspectorate on 1 April 2011.

The Elms - Crosshouse is owned and operated by Thorntoun Ltd and is registered as a care home providing a short break and respite service for people who have a learning disability and may also have a physical disability.

The service occupies a single storey building in the Thorntoun Estate, a residential area between the villages of Springside and Crosshouse. Facilities for people staying at the service include ten en suite bedrooms, a cinema room, kitchen/diner and large communal lounge. The service also has a small enclosed outdoor space. The Elms is on the main bus route to Kilmarnock, in addition the service has shared use of a minibus.

The service is currently registered to provide support to six individuals at any one time.

The stated aim of the service is to provide a caring, warm and facilitative environment which is enjoyed and valued by all users of the service.

## What people told us

We received completed care standard questionnaires from five people and met all those who were in the service at the time of the inspection. (four people on our first visit and three people on our second visit)

We spent time observing interactions between staff and people using the service, especially where individuals were unable to communicate verbally with us.

We also contacted three relatives of people using the service to gain further feedback on the service.

Overall the feedback we received was very positive. We observed positive and respectful interactions and there appeared to be good relationships between both those using the service and staff.

We have taken account of the views of people using the service and their relatives when commenting on each of the quality themes.

## Self assessment

The Care Inspectorate has not requested services to complete a self assessment for this inspection year. We looked to the services own improvement plan and quality assurance paperwork to demonstrate their priorities for development and how they were monitoring the quality of the provision within the service.

## From this inspection we graded this service as:

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

## Quality of care and support

### Findings from the inspection

We concluded that the service was performing at a weak level in relation to the quality of care and support.

Whilst feedback was generally positive, we found that a number of systems, practices and processes did not support positive outcomes for people using the service.

We made a recommendation in our last report to ensure that support plan documents and assessments reflected the current needs of people and provide staff with the necessary guidance to best support people and manage any risks presented. From the sample of support plans we looked at during this inspection we saw that this has not been taken forward and that reviews of support were not happening as regularly as they should be. Support plans and risk assessments did not contain sufficient detail about individuals needs, risks or the support required. For one individual this meant that different staff had different understandings of what the actual support need was, which had the potential to impact on the appropriateness of support provided as well as the individuals dignity and confidence. Support plans were not outcome focussed and lacked person centred information. Improvements are required to ensure the support plan sets out how people's needs will be met as well as their wishes and choices and that these are regularly reviewed. (requirement one)

Staff told us that they felt more recent changes to numbers of staff on shift had reduced the opportunity for staff to offer a range of activities. This has meant reduced choice for those accessing the service. (requirement two) We also found that there were a number of issues in relation to the quality of staffing which again had the potential to impact on positive outcomes for people (see quality theme 3 - staffing).

### Requirements

#### Number of requirements: 2

1. The provider must ensure that support plan documents and assessments reflect the current needs of the individual and provide staff with appropriate guidance on how to best support them and manage any risks presented.

Plans should identify individuals outcomes, needs, wishes and choices and should be regularly updated (as and when required but at least once every 6 months).

This is to ensure that care and support is consistent with the national health and social care standards which state that:

My personal plan (sometimes referred to as a careplan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4(1)(a) – requirement for the health and welfare of service users.

Timescale for completion 31st December 2018

2. The provider must ensure that staffing levels are sufficient to meet the assessed health and social care needs of those using the service. The provider must evidence how staffing levels are assessed to ensure health, safety and positive outcomes for those using the service.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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

And

I can choose to have an active life and participate in a range of recreational, social, creative and learning activities everyday both indoors and outdoors. (HSCS 1.25)

And to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments: SSI 2011/210 regulation 15(a)

Timescale for completion: 1st September 2018

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 - weak

## Quality of environment

### Findings from the inspection

We found that the quality of the environment was adequate.

We observed that some areas of the service could be better utilised to enable people to be involved in different activities in different spaces that better meet their individual needs and outcomes. For example using the cinema room to give a safe space for 'floor time' and sensory activities or game playing.

We noted some improvements could be made to infection control procedures including the current laundry arrangements.

We found that the people did not experience an environment that had well maintained furnishings and equipment. This included the garden area and furniture which was not well maintained and did not provide sufficient and appropriate seating areas for those using the service. A number of the chairs and sofas in the lounge were in need of repair or replacing due to damage.

Whilst we saw regular checks were being made for the environment, we struggled to find some information as the manager did not always have the information for the service and some documents were unclear if they related to that particular service or one of the other services on-site. The manager needs to ensure they have access to all appropriate documentation to be confident that all necessary health, safety and environmental checks have been undertaken.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The manager should ensure the environment and equipment are well maintained and reflect good practice in infection control. This includes

- 1) review of current laundry practices to ensure they are in line with good practice and infection control procedures
- 2) furniture and furnishings (including bed rail bumpers) are kept in a good state of repair, being replaced/ repaired as and when required.
- 3) Information relevant to the maintenance of the service (for example health and safety checks and scheduled maintenance) is accessible to the manager to maintain an overview.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22)

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

We found that the service was performing at a weak level in relation to the quality of staffing. We concluded this after looking at training, how staff are supported and their professional registrations with the Scottish Social Services Council (SSSC – the body responsible for registering all social care staff).

Feedback about staff and how they interact with people they support was positive and staff that we spoke to appeared motivated to ensure that people accessing the service had an enjoyable stay and that as far as possible they were able to do things they wanted to and have fun.

We made a requirement in our last report to improve the opportunities, recording, monitoring and planning of training for staff. This requirement has not been met. There is no training plan in place to identify what training is necessary for staff to undertake to give them the skills and knowledge required to support people accessing the service. This includes the need for a formal, comprehensive induction system which is still not in place. Staff training and development should reflect the needs of people using the service as well as relevant health, safety and legislation so that people can be confident that staff have the right skills to support them. We found that training opportunities were limited and many staff had not completed key courses or attended mandatory refresher sessions. (see requirement three)

We also made a recommendation regarding the need to better support staff with their personal and professional development through regular and effective supervisions and appraisals. This has not been met and remains an area for improvement.

We found that staff had not always been recruited according to good practice and safer recruitment guidance and people using the service were not involved in recruitment or training of new staff. (requirement four) We also found that several staff were not registered with the SSSC as required. This means that the organisation is not taking all appropriate steps to safeguard people and ensure they are well supported. (requirement five)

## Requirements

### Number of requirements: 3

1. The provider must ensure that all staff have the knowledge and skills to meet the needs of the people they are supporting.

In order to achieve this, the provider should consider:

- (i) A training needs' analysis which takes the aims and objectives of the service and the needs of people using the service into account should be undertaken for all staff employed by the service.
- (ii) The training plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.
- (iii) A formal induction process is implemented and recorded
- (iv) Full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators.

This is to ensure that care and support is consistent with the national health and social care standards 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 (3.14).

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).Regulation 15(a)(b) (i)(ii) - Staffing

and

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale for completion 31st December 2018

2. The provider must evidence practice in line with safer recruitment procedures to safeguard people who use the service and meet legal requirements.

In order to demonstrate this:

- the recruitment policy and practice must be updated and strengthened to reflect best practice guidance 'Safer Recruitment through Better Recruitment' (Scottish Government, updated 2016).

- quality assurance processes must monitor and check that recruitment approaches are being carried out in line with the best practice.

This ensures that care and support is consistent with the Health and Social Care Standards, which state 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24). It is also necessary to comply with Regulation 9 (1) (Fitness of Employees) of the Social Care and Social Work Improvement Scotland Regulations 2011.

Timescale: by 31st December 2018.

3. To safeguard people using the service, the provider must ensure that all staff employed in the provision of care are fit to carry out the role they are to perform. In particular this relates to ensuring that those social service workers required to register with the Scottish Social Services Council (or other professional regulatory body) to carry out the role they are to perform, are appropriately registered.

This is to ensure that care and support is consistent with the national health and social care standards 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 (3.14).  
and

Regulations 4(1)(a), 9(1) and 9(2)(b) and (c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/21) and Regulations 3(2) and 5 of the Registration of Social Workers and Social Service Workers in Care Services (Scotland) Regulations 2013 (SSI 2013/227).

Timescale for completion: by 1st September 2018

## Recommendations

### Number of recommendations: 1

1. To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy. The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

This is to ensure that care and support is consistent with the national health and social care standards 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 (3.14).

**Grade:** 2 - weak

## Quality of management and leadership

## Findings from the inspection

We found that the quality of management and leadership in the service was weak. Improvements need to be made to the process of monitoring and assessing quality in the service. We made a recommendation about this in our last report and it has not been met. It is important that services continually assess and review all aspects of the support they provide to ensure that they are working to best practice guidance, legislation and supporting the individual outcomes of the people using the service.

The services policies and procedures required developing as many we saw were not fit for purpose and would not give staff the up to date and appropriate information they required to guide their practice. This was a recommendation from our last report which has not been met.

We discussed with the manager the need for a service development plan to be in place which uses information gathered from quality assurance process, feedback from people using the service, inspections, contract monitoring etc to detail how the service will make improvements and continue to develop. This has been discussed in previous inspections but yet to be actioned.

From looking at evidence in the service and speaking to the registered manager, we felt that more support was needed to enable the ongoing personal and professional development of the manager. This is important to help the service make the required improvements.

In the last inspection report, we made one requirement and four recommendations, none of these had been met at this inspection. Some of these have been repeated in this report and some have been incorporated into further requirements and recommendations to support the findings from the most recent inspection.

## Requirements

### Number of requirements: 1

1. To support the identification of areas requiring action and the continuous improvement of the service, the manager should ensure that robust quality assurance processes are in place. This includes (but not limited to):

1) Further development of audit documents to formalise them across all areas, ensuring that standards/ expectations are clearly identified.

2) Actions taken to address issues raised are clearly identified.

3) There is a local quality assurance policy and procedure in place detailing process and systems used.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

Timescale for completion: 31st December 2018



## Recommendations

### Number of recommendations: 3

1. The provider needs to ensure that there is sufficient governance, support and development available to the manager of the service to ensure that care and support is consistent with the national health and social care standards which state that:

I use a service and organisation that are well led and managed. (HSCS 4.23)

2. The manager should ensure that there is a service development plan in place which uses information gathered from quality assurance process, feedback from people using the service, inspections, contract monitoring ect to detail how the service will make improvements and continue to develop

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

And

I use a service and organisation that are well led and managed. (HSCS 4.23)

3. The manager should ensure that the service has up to date, relevant policies and procedures in place to inform and guide staff.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11)

**Grade:** 2 - weak

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

## Previous requirements

### Requirement 1

The provider must ensure that all staff have the knowledge and skills to meet the needs of the people they are supporting.

In order to achieve this, the provider should consider:

(i) A training needs' analysis which takes the aims and objectives of the service and the needs of people using

the service into account should be undertaken for all staff employed by the service.

(ii) The training plan details numbers and designations of staff, the dates when each course was last completed and when training or refresher training is to be delivered.

(iii) A formal induction process is implemented and recorded

(iv) Full and accurate records of training, including induction training, are maintained in a format which permits auditing by management and regulators.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Regulation 15(a)(b) (i)(ii) - Staffing

And

SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale: 30th May 2018

**This requirement was made on 5 December 2017.**

### Action taken on previous requirement

We saw that staff have been signposted to some additional training but no further progress has been made towards meeting this requirement.

**Not met**

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

### Previous recommendations

#### Recommendation 1

To support the personal and professional development of staff, the manager should ensure that supervision and appraisals are undertaken as per the organisations policy. The manager should also ensure that the quality and content of these is consistent and evidences discussion of relevant areas including the planning and reviewing of actions to be taken forward.

National Care Standards - Short breaks and respite care Services - Standard 5 Management and staffing arrangements

**This recommendation was made on 5 December 2017.**

#### Action taken on previous recommendation

no progress has been made in this area. This recommendation has been repeated in this report.

#### Recommendation 2

To ensure the quality of service being provided, the manager should make sure there is a robust quality assurance system in place that is undertaken regularly. This includes having a quality assurance policy in place that details the ways in quality is assessed/monitored, how often this should happen and who is responsible for completing the tasks.

National Care Standards - Short breaks and respite care Services - Standard 5 Management and staffing arrangements

**This recommendation was made on 5 December 2017.**

## Action taken on previous recommendation

No progress has been made in this area. A requirement has been made in this report incorporating quality assurance and therefore this recommendation will be removed.

## Recommendation 3

The manager should ensure that the service has up to date, relevant policies and procedures in place to inform and guide staff.

National Care Standards - Short breaks and respite care Services - Standard 5 Management and staffing arrangements

**This recommendation was made on 5 December 2017.**

## Action taken on previous recommendation

No progress has been made in this area, this recommendation has been repeated in 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](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
5 Dec 2017	Unannounced	<div>Care and support</div> <div>3 - Adequate</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>3 - Adequate</div> <div>Management and leadership</div> <div>Not assessed</div>
7 Nov 2016	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>Not assessed</div>

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	4 - Good
15 Oct 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
14 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
22 Oct 2013	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
6 May 2013	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	2 - Weak
14 Feb 2013	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Nov 2011	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	Not assessed
17 Dec 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	Not assessed 4 - Good
29 Jun 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed 4 - Good
19 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 3 - Adequate
8 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
21 Jan 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate
30 Sep 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate



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