

Cumnor Hall Care Home Service

18 Racecourse View
Ayr
KA7 2TY

Telephone: 01292 266450

Type of inspection:

Unannounced

Completed on:

6 February 2019

Service provided by:

Church of Scotland Trading as
Crossreach

Service provider number:

SP2004005785

Service no:

CS2003001313

About the service we inspected

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. Cumnor Hall is a detached villa situated close to Ayr town centre with easy access to a range of community resources. 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."

How we inspected the service

This inspection provided a follow-up to the one completed in June 2018. During this inspection we assessed the services progress in relation to identified requirements and areas for improvement; highlighting where improvements had been made, and illustrating work still outstanding.

We completed a period of short observation to assess the quality of engagement and interaction between staff and people who experience care.

Taking the views of people using the service into account

We received the views of 10 people who experience care during this inspection. Overall, they spoke positively about the staff team, their care and support, accommodation and quality of food.

The following additional comments were made in returned care standard questionnaires:

"All staff could not be nicer to me. Very happy and content here. I have made lots of friends with staff and residents, mostly staff." I can't speak highly enough about the staff"

"The staff provided me with a key for my room, this helps me feel more secure and safe as well as my belongings"

"The staff do their best to give care and support. Management is also very supportive and try to meet our needs where it is possible"

Taking carers' views into account

We received the views of 9 relatives of people who experience care during this inspection. Overall, they spoke positively about the staff team and their relatives care and support.

The following additional comments were made in returned care standard questionnaires:

"she has settled in and is being looked after well"

"perhaps more full time staff"

A respondent disagreed that there were enough trained and skilled staff on duty at any point in time to care for their relative, another disagreed that their relatives personal property and clothing are clearly marked and properly cared for, and not used by others.

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 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 19 July 2018.

Action taken on previous requirement

The management team had developed a competency assessment tool to evidence appropriate moving and handling techniques were used in accordance with people's planned care. At the time of the inspection managers had assessed 5 of the staff. The manager estimated that the remainder of the staff group will have been assessed by 8.3.2019. We will follow this up at the next inspection. This requirement is repeated.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To 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)

This area for improvement was made on 19 July 2018.

Action taken since then

We sampled topical medicine administration records and found that improvements had been made. This is met.

Previous area for improvement 2

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).

This area for improvement was made on 19 July 2018.

Action taken since then

The senior management team were devising a specific dementia improvement strategy. This area of improvement is repeated.

Previous area for improvement 3

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).

This area for improvement was made on 19 July 2018.

Action taken since then

The management team acknowledged the potential risk associated with accessing the main staircase. We were advised risk reduction options were being considered but had not yet been implemented.

This area for improvement is repeated.

Previous area for improvement 4

To promote meaningful activity the key worker 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) .

This area for improvement was made on 19 July 2018.

Action taken since then

The activity staff continued to promote meaningful activity. Links with local schools had been made to extend existing intergenerational work. To promote positive outcomes for people who live with advanced dementia, Namaste therapy sessions were scheduled throughout the week. Work with a community art group continued and some individuals enjoyed attending a community based music event. During the inspection we observed one to one activities, group activities and some residents went out for lunch and to a musical event.

Further work to the garden was underway to encourage people who experience care to access the outdoor space. Managers had attended a "Care About Physical Activity" training event and planned to develop opportunities to support individuals who experience care to increase levels of physical activity.

Improved record keeping would evidence the opportunities for meaningful activities for people who experience care.

We heard that key workers had been reviewed in response to the preferences of people who experience care. One relative we spoke with was planning an outing with their family member and key worker.

Some developments had been made in terms of developing key working, however, further time was needed to allow this role to be fully embedded. We will follow this up at the next inspection.

This area for improvement is repeated.

Previous area for improvement 5

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).

This area for improvement was made on 19 July 2018.

Action taken since then

Staff told us that they had access to a good range of training.

Most staff present during the inspection had a good knowledge of the needs and preferences of those who lived within Cumnor Hall.

During the inspection we concluded that staff were very busy. To support a person centred approach to care delivery we asked the manager to review and improve staffing levels to ensure that appropriate resources were available to support the physical and complex emotional needs of some of the people who experience care. The management responded to our comments.

We suggested a review of the daily routines to promote improved outcomes for individuals, for example medications may be administered after lunch to allow improved staffing resources during the meal service.

This area for improvement is repeated.

Previous area for improvement 6

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 area for improvement was made on 19 July 2018.

Action taken since then

We sampled personal plans. The service used an outcome based model of care planning which took account of specific interventions needed to meet individuals support needs and preferences. We saw that relatives had been involved in this process.

To promote safe and responsive care and ensure care interventions remained appropriate to their needs, people who experience care can expect their care arrangements to be evaluated. Evaluations should inform changes to the care plan if needed. The manager was aware of the need to make improvements in this area and gave an assurance that this would be addressed.

We were concerned about the lack of formal evaluation of an individuals care arrangements and lack of response to a deterioration in their presentation and distressed reactions experienced. This was addressed by the management team during the inspection.

Plans of care should be underpinned by appropriate assessments, which inform care interventions. A malnutrition risk assessment had not been completed for one of the individuals who experience care. The manager gave a commitment to improving consistency of assessments.

This area for improvement is repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.