

# Thorntoun Supported Living Services Housing Support Service

Thomson Court  
18-38 Witch Road  
Kilmarnock  
KA3 1JG

Telephone: 01563 529 555

**Type of inspection:**

Unannounced

**Completed on:**

6 May 2019

**Service provided by:**

Thorntoun Limited

**Service provider number:**

SP2003002275

**Service no:**

CS2004059478

## About the service

Thorntoun Supported Living Services is registered to provide a combined Housing Support Service and Care at Home service.

This service has been registered since 2004.

The service is provided to older people and adults with learning disabilities who may also have physical disabilities living in two sheltered housing developments.

One is a shared house for four people and the other has individual flats with additional communal lounge and kitchen facilities where ten people are currently living. Both services are within easy reach of local facilities and public transport.

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

## What people told us

During the course of the inspection we met with five people who use the service, one relative of someone using the service. We also received six completed care standard questionnaires.

Overall people were satisfied with the quality of care and support provided and positive about the staff working in the service.

We observed interactions between staff and people using the service to be warm, respectful and demonstrated a knowledge of their needs.

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 at 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          | 3 - Adequate |
| Quality of staffing                  | 3 - Adequate |
| Quality of management and leadership | 3 - Adequate |

## Quality of care and support

## Findings from the inspection

We found that the service was performing at an adequate level in relation to the quality of care and support.

Feedback from people we spoke to and questionnaires was positive and we could see that staff had responded to people's changing health needs.

We found that there was the potential for poor outcomes related to the issues we have identified across all the inspection themes.

People should have a personal plan (sometimes referred to as a care plan) that is right for them because it sets out how their needs will be met, as well as their wishes and choices. We saw that there had been some positive developments in how the support plans were being set up and written, however the content still lacked some essential information in relation to supporting people's health and wellbeing. To keep people safe, risk assessments required more details about risks and how they are managed, and better information was required in relation to behaviour management.

There was no clear identification of what people's commissioned or personal outcomes were, or what times they received support. We discussed this with the manager who informed us that this was something the social worker was planning to address as this had been acknowledged. The current set up of the service only allows for a certain level of person centred support, and whilst we saw that staff gave as much choice to individuals as they could, this was always within the confines of the staffing levels for the service as a whole rather than the individual packages.

We found that where people were being supported with their finances, improvements could be made to these processes and we identified an area where additional checks were required by the provider to ensure that they were acting in line with legislation and good practice.

We made two recommendations (now referred to as areas for improvement) in our last report relating to the quality of care and support. Whilst we can see some work has been started to address these, both remain unmet and will be repeated in this report.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. To ensure staff have the right information to meet peoples needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and how the support required with these.
- 2) More detailed information to support the promotion people's independent living skills
- 3) Clear outcomes for individuals (including commissioned outcomes)
- 4) Signposting to additional documents such as risk assessments, protocols and management plans.

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 care plan) 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 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (3.5)

2. The manager should review the medication process to ensure that it complies with legislation and best practice guidance. This is to keep people safe and 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)

3. The manager should review current arrangements for the management of people's finances to ensure they are in line with legislation and good practice. This includes having a clear policy and procedures in place and robust systems for auditing.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5)

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

We found the quality of staffing to be adequate

People using the service should have confidence that those providing their support are trained, competent and skilled. We found that there were staff who had not had relevant training (including refresher training) in order to provide the most up to date and effective support for those using the service. The service supports people with a range of needs including mental health, addictions, epilepsy and complex health needs and staff had not always had appropriate training to support people with these needs.

We also heard that some staff had not had training in how to respond in the event of a fire, including the evacuation of people who required physical assistance.

Staff should be able to reflect on their practice and follow their professional and organisational codes. Whilst formal supervision had taken place on a fairly regular basis for most staff, the quality of these sessions required improving to ensure that recordings better reflected the discussions held, clear actions were identified with timeframes and followed up on. We saw no evidence of any discussions around or reflective of, good practice, codes of conduct or the health and social care standards.

Recruitment did not routinely involve people who used the service and we found that some of the recruitment processes needed to be more robust to ensure that they meet safer recruitment guidance and people can be confident that staff have been appropriately and safely recruited

## Requirements

### Number of requirements: 1

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 October 2019

## Recommendations

### Number of recommendations: 2

1. 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).

2. 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:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

We found that the management and leadership of the service continued to perform at an adequate level.

At the last inspection we made five recommendations, only one of which has been met. Staff and people using the service told us the manager was approachable and supportive.

Whilst we saw that the manager had made efforts to implement quality assurance processes, particularly around management of medications and support planning, improvements could be made to these to make them more robust whilst also streamlining the process. There needs to be clearer identification of what the standards and expectations are when undertaking audits.

This is to ensure that people benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

The manager has developed a service improvement plan and whilst this could be further developed it was a good starting point to highlight where improvements were required in the service and how these were going to be addressed. We will look at how this has evolved at the next inspection.

The provider needs to ensure that they are supporting the personal and professional development of the manager as this not currently evident. This is to ensure that people can be confident their service is well led.

Where there are issues raised around staffs development or practice, the manager needs to evidence that these are appropriately actioned. We saw some incidences of where actions had been put in place for staff to address but these were often repeated for long periods of time with no further discussion of why the staff were failing to action these. This impacts on the quality of care and support and staffing for the service as good practice is not being followed, staff are not developing and this impacts on the potential for positive outcomes for people.

At the last inspection we raised issues with the details and conditions of registration which the service needed to address to ensure their certificates reflected the service they actually provided.

This process had been started, however still requires further information to be submitted before it can be completed. The manager needs to ensure that this information is fully submitted and that going forward the information on the registration certificate reflects the service provided.

Some work has been started to develop the policies and procedures for the service but this is yet to be completed to ensure that they are specific and relevant to the service.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

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)

2. The provider needs to ensure that there is sufficient 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)

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:** 3 - adequate

## 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 provider needs to ensure that there is sufficient 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)

**This recommendation was made on 16 May 2018.**

#### Action taken on previous recommendation

Whilst there has been additional, general management support now allocated to the service, there was no evidence of any increase in actual support provided for the personal or professional development of the manager. This has not been met

#### Recommendation 2

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)

**This recommendation was made on 16 May 2018.**



**Action taken on previous recommendation**

Some efforts made to develop auditing tools particularly around medication and support planning, however these need to be developed further to identify what standards/expectations are being audited against. This remains and area for improvement.

This has not been met

**Recommendation 3**

To ensure staff have the right information to meet people's needs and keep them safe, the manager should ensure that support plans have:

- 1) sufficient details about people's health (including mental health) needs and how the support required with these.
- 2) More detailed information to support the promotion people's independent living skills
- 3) Clear outcomes for individuals (including commissioned outcomes)
- 4) Signposting to additional documents such as risk assessments, protocols and management plans.

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 care plan) 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 I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me (3.5)

**This recommendation was made on 16 May 2018.**

**Action taken on previous recommendation**

We saw that new templates are now in place for support plans and improvements were seen in some areas, however there continues to be gap in the identification and recording of essential information.

This has not been met

**Recommendation 4**

The manager should review the medication process to ensure that it complies with legislation and best practice guidance. This is to keep people safe and 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)

**This recommendation was made on 16 May 2018.**

**Action taken on previous recommendation**

Some areas still require further improvement to ensure staff are working in line with good practice in recording.

This has not been met

**Recommendation 5**

The manager should ensure that there is a service development plan in place

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)

**This recommendation was made on 16 May 2018.**

## Action taken on previous recommendation

Good work has been done to implement a service development plan, this still requires further work to improve and make it work well for the service but this will evolve as updates are added and additional work included. This has been met

## 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  |
|-------------|-------------|---|
| 16 May 2018 | Unannounced | Care and support 4 - Good<br>Environment Not assessed<br>Staffing Not assessed<br>Management and leadership 3 - Adequate        |
| 18 Apr 2017 | Unannounced | Care and support 5 - Very good<br>Environment Not assessed<br>Staffing 5 - Very good<br>Management and leadership Not assessed  |
| 23 May 2016 | Unannounced | Care and support 5 - Very good<br>Environment Not assessed<br>Staffing Not assessed<br>Management and leadership 5 - Very good  |
| 5 Jun 2015  | Unannounced | Care and support 5 - Very good<br>Environment Not assessed<br>Staffing 5 - Very good<br>Management and leadership 5 - Very good |

| Date        | Type        | Gradings   |  |
|-------------|-------------|--|--|
| 9 Jun 2014  | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>Not assessed<br>5 - Very good<br>4 - Good      |
| 9 Jul 2013  | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>Not assessed<br>5 - Very good<br>5 - Very good |
| 12 Dec 2012 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>Not assessed<br>5 - Very good<br>5 - Very good |
| 16 Jun 2010 | Announced   | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>Not assessed<br>4 - Good<br>Not assessed       |
| 26 Oct 2009 | Announced   | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>Not assessed<br>5 - Very good<br>4 - Good      |
| 24 Feb 2009 | Announced   | Care and support<br>Environment<br>Staffing<br>Management and leadership | 4 - Good<br>Not assessed<br>4 - Good<br>3 - Adequate       |

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