

Crail / Wilson Houses Small Group Living Services Care Home Service

Hansel Alliance, Hansel Village
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Telephone: 01563 831463

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Hansel Alliance

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About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

Crail/Wilson Houses Small Group Living Services is provided by the Hansel Alliance. It provides a care home service to a maximum of 27 adults with a learning disability, some of whom may have dementia. The service is provided in two separate buildings.

Crail House is a modern single storey building designed to support 12 people, including some with dementia and/or palliative care needs. Some bedrooms have en suite facilities and most have a wash hand basin vanity unit. There is a range of public and private areas throughout the house. At the time of the inspection, 12 people were living there.

Wilson House is a two storey house which can support 15 people, each with their own bedroom. Some bedrooms have en suite facilities and most have a wash hand basin vanity unit. The house is split into two wings each with an open plan kitchen/dining room and sitting room. Both wings open onto a small shared garden. At the time of the inspection, 15 people were living in Wilson House.

What people told us

People who lived in the service spoke highly of the care and support they received. They told us they were busy, liked the food and were happy living there.

As there were some residents who could not easily communicate their views we spent time observing their reactions and interactions with staff.

We sent out Care Inspectorate questionnaires to relatives of people using the service before inspection. One of them commented:

'I don't have any single issue of contention, this is a wonderfully run service and I have complete confidence in the manager and her staff'

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

People using services have the right to build trusting relationships with the person supporting and caring for them in a way that they both feel comfortable with.

We observed warm and friendly interactions between staff and residents. Staff obviously knew residents well and this created a relaxed, homely atmosphere. Team members had mainly worked there for a number of years and this had encouraged relationships and trust to be built. We observed residents happy and comfortable in staffs company.

There were clear differences between the two houses. Residents were frailer and less independent in Crail House and some were living with dementia. Whilst residents in Wilson House were more able to freely move around and make their wishes known.

There were more activities taking place in Wilson House, with residents involved in a varied activity programme which included regular access to outside activities. There was a need to consider how to improve activities in Crail House. When we spent time in Crail House there did not seem to be much happening to provide a stimulating environment. We looked at daily notes in Crail House with little evidence of meaningful activities taking place.

(Area for improvement)

We asked the management team to consider staffing levels as the number of staff on shift has an impact on the level of activities that can take place. The Care Inspectorate removed staffing schedules to encourage providers to be flexible with staff numbers to meet the changing needs of residents. For example, if a resident returned from hospital and required additional support while recovering, we would expect staffing levels to go up to meet this need. Staff levels could then go down again when the person had recovered.

We have suggested the service use a dependency tool to show staffing levels required to meet residents daily support needs and they have agreed to do this. There should then be a clear link between the dependency needs of the residents and staffing levels.

We looked at medication management. 'As and when required' (PRN) medication protocols provided clear guidance for staff around when to administer this and how often the medication could be administered. This helped keep people safe.

However, we were concerned about medication counts that showed the expected number of medications were wrong. These errors continued to happen each month without a plan of how to deal with this. It was unclear why the amount of medication was wrong, for example when there was too much of a medication was this because the resident did not get their medication? There is a need for this to be managed such as observing staff practice during medication rounds.

Staff, who are all registered with the Scottish Social Services Council, must be accountable for the quality of their work and meeting relevant standards of practice in a lawful, safe and effective way.

(area for improvement)

Areas for improvement

1. The level of activities on offer should be improved. This is comply with Health and Social Care Standard 2.22. which states 'I can maintain and develop my interests, activities and what matters to me in the way that I like'

2. There should be a plan developed to improve medication management.

This is to comply with Health and Social Care Standard 4.11 which states ' I experience high quality care and support based on relevant evidence, guidance and best practice'

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

5 - Very Good

People using services have the right to expect a personal plan (sometimes called a care plan) that is right for them because it sets out how my needs will be met, as well as my wishes and choices.

Care plans we looked at were well written, detailed with person centred information with personal outcomes identified.

One page profiles were well written and provided detail of what was important to the person. This was beneficial to new staff as it gave a clear picture of the person and how to best offer support.

There was also a good life history that detailed people's lives before moving to the home. This helped staff see the person as a unique individual and gave topics for chat and conversation.

Risk assessments covered all areas of health and care support and were very detailed. The assessment identified ways to reduce risks whilst still supporting people to maintain their independence.

Covert medication used the recommended paperwork of the Mental Welfare Commission. We could see involvement of appropriate people when the decision was taken to administer medication covertly and this was reviewed in identified timescales. This ensured it continued to meet the person's health needs.

Six monthly reviews had a high level of content that meant there was a clear picture of the person's life over the last six months. This included any health issues, medication and mobility issues but also how the person had socialised and activities they had taken part in.

Personal outcomes were then identified for the next six months to ensure the resident continued to be supported to achieve their wishes and choices.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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