

# Thorntoun Supported Living Services Housing Support Service

Thomson Court  
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Kilmarnock  
KA3 1JG

Telephone: 01563 529 555

**Type of inspection:**  
Unannounced

**Completed on:**  
4 August 2021

**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. The provider is Thorntoun Limited. This service has been registered since 2004.

The service is provided to adults with learning disabilities who may also have physical disabilities living in two sheltered housing developments. Cuthbert Place has four ensuite bedrooms and shared kitchen and living areas equipped for people with physical disabilities.

Thomson Court has ten individual flats with an additional communal lounge and kitchen. Both services are within easy reach of local facilities and public transport in Kilmarnock.

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

Due to current Covid-19 restrictions, we were unable to carry out home visits to people receiving a service. To gather people's views, we spoke with people supported in communal areas of the buildings and observed staff interactions. An inspection volunteer spoke to seven relatives by telephone and the inspector spoke to two relatives during the inspection. We also spoke to staff and professionals working with the service.

Most people told us that they were very happy with the care and support received at Thorntoun Supported Living Service. Comments from people included:-

"We are delighted with the support and care on offer"

"Staff are very approachable"

"Total admiration for the staff and all they do"

"His independence has improved greatly since settling in"

"Feel that the staff are not just carers but those who care"

"Gives us great peace of mind that he is happy and well cared for"

"Evening seems problematic, not enough staff on duty, sparse activities"

"Helps them to be as independent as possible"

"Very happy with staff, some more skilled than others when it comes to offering support"

Two relatives expressed dissatisfaction in their experience with the service. The manager was aware and continued to work with the families to improve the support offered.

## 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 care and support during the COVID-19 pandemic?	3 - Adequate

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

### 1.1 People experience compassion, dignity and respect

People should be treated with dignity and respect. We found the service to be performing at a good level in this area. There were some important strengths, with some areas for improvement.

People we spoke to told us they were happy and content with their support. We observed staff to be helpful, friendly and caring. Most relatives told us there was good communication between themselves and staff; staff were very approachable and they felt their family member was well cared for. Relatives told us how they were able to keep in touch during the Covid-19 pandemic when visiting was not permitted within government guidelines.

Staff supported people in a variety of different ways to maintain contact with their loved ones.

More recently, families have been able to choose when and where visits take place and also take trips out into the community. Some people supported were quite independent; they were encouraged to safely return to day centres, shopping with staff and to spend time with family out of the service.

Care plans contained appropriate documentation regarding each person's decision making abilities and their legal status. This meant people were supported to express their wishes, to make their own decisions and the views of relevant people were sought and considered.

### 1.2. People get the most out of life

We found the service to be performing at a good level in this area. There were some important strengths, with some areas for improvement.

Living at Thomson Court and Cuthbert Place meant people were able to live independently. The support provided by the service was seen to enhance the quality of people's daily lives. Care plans were being kept up to date and reviews carried out. Because staff knew people well, they were aware of their individual capabilities and preferences. However, important information about a person, their support needs and how care should be delivered was sometimes missing and/or not always easy to find in care plans. At the last inspection care plans were identified as an area for improvement; while efforts had been made to improve these, further work was still needed. This area of improvement has been repeated (See area for improvement 1).

We discussed with the manager(s) our observations about staffing levels; how these differed between the two buildings and how staffing impacted on opportunities for daily activities, stimulation and engagement. While people's basic care needs were being met, it was evident those who were more independent had a better quality of life than those more dependent on staff. In Thomson Court and Cuthbert Place opportunities for 1:1 time and activities should be clearly identified in care plans and linked to individual outcomes. In Cuthbert Place staffing levels were insufficient to offer activities that would be stimulating and engaging or to participate in activities out with the building on a regular basis.

Staffing levels and rotas should be reviewed to take into account the varied needs of all individuals being supported to ensure people have an improved quality of daily life (See area for improvement 2).

### 1.3. People's health benefits from their care and support

People can expect the support they receive to have a positive impact on their health and wellbeing. The service was evaluated to be performing at a very good level. There were major strengths in supporting positive outcomes for people.

Information about people's specific health conditions and how they impact on the person is included in care plans. We heard examples of how people's health and wellbeing benefitted from support; staff picked up on small changes in an individual's presentation very quickly and acted on this. The service had established relationships with local GP's, community nurses and other health services and actively encouraged people with routine appointments and check-ups. The services took a proactive approach to incidents where there may be an underlying health issue, such as falls, and in supporting recovery from an accident or illness. This helped to ensure people got the right care and support and improved people's health outcomes.

Staff communicated any health changes or difficulties with relatives and arranged reviews to include input from professionals when appropriate. Emergency situations were managed well and the service on call system provided support to staff in emergencies.

We observed the administration of medication and could see that this was carried out in a safe and inclusive way. There was a system in place for managing medication and staff received training. Where a medication error had occurred, this had been identified and corrective actions taken. Audits were carried out by senior staff in the service and checked by the manager. These systems helped to keep people safe and well.

Information about medication in care plans could be improved (See area for improvement 1).

People were receiving the right service to meet their needs and where needs were changing the service communicated this information with the appropriate people or organisations.

### Areas for improvement

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 provider should review the services staffing levels and schedules so that 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)

## How good is our care and support during the COVID-19 pandemic?

**3 - Adequate**

### 7.2. How good is our care and support during the Covid-19 pandemic

Infection prevention and control practices should be safe for people experiencing care and staff.

The service was evaluated to be performing at a very good level. There were major strengths in supporting positive outcomes for people.

The buildings were clean, tidy and free of clutter which allows for effective cleaning. Thomson Court was well maintained. We identified environmental improvements that would be of benefit at Cuthbert Place and were advised these had been raised with the housing provider. There was enhanced cleaning in place of frequently touched surfaces and systems for checking and assuring cleaning standards were maintained.

There were good supplies of personal protective equipment (PPE), PPE access and disposal were good. We observed and spoke to several staff and were satisfied that they knew how to use and dispose of their PPE appropriately. Throughout the buildings there was signage alerting staff to social distancing measures, to wear masks and for hand hygiene. During our visits we observed staff following these measures. This helped to reduce the risk of spreading infection between people. Robust procedures were practiced with visitors to the service including temperature checks and Covid-19 questionnaires.

Staff had received training in infection prevention and control and Covid-19 specific learning during the pandemic. People receiving support and their relatives told us that staff always use PPE and they were confident in the practices of staff to protect them. In addition to training, staff received Covid-19 guidance updates regularly.

Care plans had been updated to reflect the impact of Covid-19 on individuals, including anticipatory care plans and detailed risk assessments. People supported were actively encouraged to wear masks and wash their hands regularly, particularly on return to the buildings and in communal areas. As a protective measure the staff team were participating in regular self-testing using lateral flow devices.

## 7.3. Leadership and staffing arrangements are responsive to the changing needs of people experiencing care

People who use care services should feel confident that staff arrangements are responsive to their changing needs. We found the service to be performing at an adequate level in this area.

There were some important strengths, but these just outweigh weaknesses.

At the last inspection there were a number of areas for improvement made relating to recruitment policy and practice, supervision and appraisal, management development and quality assurance that have been met (See previous areas for improvement). We discussed areas where further development could lead to continued improvement, such as interview processes, discussing staff performance and goal setting and establishing a quality assurance framework.

People should be confident those caring for them are trained and skilled. Staff had access to induction and a variety of eLearning courses and more recently practical training sessions had been restarted. Observations of staff practice and competence in the administration of medication were in place. We discussed the need to implement and record observations of staff practice in other areas. At the last inspection there was a requirement made relating to staff training and the ability to demonstrate staff competence, while progress had been made this was not fully met (See requirement 1).

We discussed with the manager(s) our observations about staffing levels; how these differed between the two buildings and how staffing impacted on opportunities for daily activities, stimulation and engagement (See area for improvement 2).

It was evident people were happy living in this service and that they benefitted from a stable and experienced core staff team. All staff were appropriately registered with a professional body such as the Scottish Social Services Council. The manager of the service was very visible and hands on. Staff told us they found management approachable and supportive. Team meetings and staff supervisions were taking place which contributed to good communication and teamwork.

## Requirements

1.  
By 27 October 2021 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:
  - 1) 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
  - 2) 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
  - 3) A formal induction process is implemented and recorded
  - 4) 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 regulations 15 (a)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210.

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

### 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 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.

**This requirement was made on 6 May 2019.**

## Action taken on previous requirement

A training needs analysis had been carried out and was to be actioned. A training matrix did show a list of staff, the training topic undertaken and a date completed. There were different systems for recording training such as eLearning and practical learning making it difficult to have an overview of attendance, refresher and competence.

We had concerns that some new staff were supporting people prior to completing training and demonstrating competence in areas such as adult support and protection, moving and handling and food hygiene. Competence assessments were undertaken for medication administration; we suggested that observations of practice be implemented in key areas of support such as infection control, moving and handling. Further work is required to fully meet this requirement therefore it has been repeated in this report.

## 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 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 area for improvement was made on 16 May 2018.**



**Action taken since then**

There was good and current information contained in care plans, however, important information was sometimes missing or difficult to find. A care plan should detail what support is needed and how this will be delivered in a person centred way. Outcomes should be clear, promoting independence and maintenance or development of skills.

This area for improvement has not been met and will be repeated in this report.

**Previous area for improvement 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)

**This area for improvement was made on 16 May 2018.**

**Action taken since then**

The administration of medication was carried out in a safe and inclusive way. There was a system in place for managing medications and staff received training and competence assessments. Audits were carried out by senior staff in the service and checked by the manager. These systems helped to keep people safe and well.

This area for improvement was met.

**Previous area for improvement 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)

**This area for improvement was made on 6 May 2019.**

**Action taken since then**

There were systems in place to support people to manage their finances in a safe way. Staff demonstrated a good understanding of individual decision making and appropriate levels of support. Input from staff was restricted to where support was needed and independence was encouraged. There were daily money checks in place and people participated in these. There were audit processes in place, carried out by senior staff and checked by the manager.

This area for improvement was met.

## Previous area for improvement 4

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).

**This area for improvement was made on 6 May 2019.**

### Action taken since then

Recruitment had been undertaken in line with safer recruitment procedures and audits were undertaken of staff personnel files. We discussed how interview processes could be further improved to demonstrate competence and equality.

This area for improvement was met.

## Previous area for improvement 5

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).

**This area for improvement was made on 6 May 2019.**

### Action taken since then

Supervision and appraisal were being undertaken in line with organisational policy.

This area for improvement was met.

## Previous area for improvement 6

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 area for improvement was made on 16 May 2018.**

#### Action taken since then

There were a range of audits in place, carried out by senior staff and/or the manager. Audits identified corrective actions and we could see that these had been actioned by the manager. Reviews were arranged for people supported when audits identified a need. There was a quality assurance policy in place; we discussed with the managers how this could be further improved (See area for improvement 8).

This area for improvement was met.

#### Previous area for improvement 7

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 area for improvement was made on 16 May 2018.**

#### Action taken since then

The general manager provided support and guidance to the manager via weekly visits to the service. We suggested that visits could be recorded and better evidence support, performance feedback and actions identified to improve the service. There was visible management, the manager felt well supported. The manager told us he was encouraged to participate in local meetings and to attend learning events that relevant to the role.

This area for improvement was met.

#### Previous area for improvement 8

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)

**This area for improvement was made on 6 May 2019.**

## Action taken since then

The service had a range of policies in place, some required to be updated. Further work was needed to add detail to policies or to implement procedures that clearly set out the expected standards and processes that staff should follow. For example systems were in place for finances, medication administration and for a range of audits, however there was no a clear quality assurance framework in place.

This area for improvement was not 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).

## Detailed evaluations

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

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection prevention and control practices are safe for people experiencing care and staff	5 - Very Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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