

Thorntoun Estate Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Thorntoun Limited

Service provider number:
SP2003002275

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CS2003000768

About the service

Thorntoun Estate Nursing Home is a care home for older people and people with learning disabilities, situated midway between the villages of Crosshouse and Springside. The service provides nursing and residential care for up to 76 people.

This includes twelve places within The Laurels unit for adults and older people with learning difficulties, seven places for adults with physical disabilities and four places for respite care.

The service is divided into three units and provides accommodation over two floors in single bedrooms, many of which have en-suite facilities. There is lift access to the upper floor. People using the service have access to a range of communal facilities, including lounges and dining facilities. Well-tended gardens are accessible from all three units.

About the inspection

This was a follow-up inspection which took place on 13 and 14 June 2022. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and three of their family
- spoke with twelve staff and management 3
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- The service made significant improvements since our last inspection and met all outstanding requirements.
- Management and leadership of the service were strengthened with a positive impact on people's outcomes and staff morale.
- Managers were knowledgeable and aware about aspects of the service which needed further improvement.
- Quality assurance processes were strengthened and used effectively to drive good performance.
- People we spoke to felt positive about the service and their relationships with staff and managers.

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?	3 - Adequate
How good is our leadership?	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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

We found that the provider made significant improvements towards ensuring that people's health and wellbeing are well supported. As a result, the provider met several outstanding requirements (for details see section 'What the service has done to meet any requirements we made at or since the last inspection').

Staffing and staff morale were improved. Staff told us that this helped them to meet people's needs to support them in a safe and effective way.

The provider met an area for improvement for 'as required' medication. This helped to protect people's rights and to ensure that their medication was effective.

The provider also met an area for improvement aimed at reducing noise levels in the communal areas. People therefore experienced a more settled and enjoyable environment.

We continued an area for improvement aimed at improving the management of people's hydration needs. We saw that the monitoring of people's fluid intake was improved, and staff awareness was raised. However, more work was needed to ensure that fluid monitoring forms were completed correctly.

It was positive to see that the provider improved the quality of people's care plans and personal risk assessments. We saw that care plans and risk assessments were complete, up to date and included good information. This helped to guide people's care and to support their safety and wellbeing. However, we found that more work was needed to ensure that care plans were focussed on people's personal outcomes and that they were meaningfully evaluated. To support this, we made an area for improvement (**See Area for Improvement 1**).

Areas for improvement

1.

To promote person-centred care plans that are focussed on achieving good outcomes for people and support meaningful participation, the service should include personal outcomes in people's care plans and ensure that these are meaningfully evaluated.

This should include, but is not limited to, ensuring that:

- Care plans acknowledge things that are important to the person, as well as their abilities, choices, ambitions and preferences.
- Care plans demonstrate a shared sense of purpose to which the person, their family, staff, and relevant others contributed.

This is to ensure care and support is consistent with the 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).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

We found that the provider had significantly improved leadership and management of the service. Managers were knowledgeable and aware of which areas of the service needed to be improved. The management team set clear priorities and communicated them effectively to their staff team. As a result, the provider met several outstanding requirements (for details see section 'What the service has done to meet any requirements we made at or since the last inspection').

To ensure sustained improvement and to ensure that improvement work is based on an ongoing, comprehensive, and regularly evaluated action plan for the service, we made this an area for improvement (**see Area for Improvement 1**).

We found that managers made several effective changes and improvements to the quality assurance processes. Good examples included effective mealtime observations, an App to help with the evaluation of activity provision and improved falls analysis processes. These improvements helped to improve people's outcomes. However, more work was needed to ensure that all existing quality assurance processes are reviewed and improved where necessary. To support this, we made an area for improvement (**see Area for Improvement 2**).

Areas for improvement

1. To support continuous and evidence-based self-assessment and improvement of the service, the provider should implement a comprehensive, responsive, detailed, and regularly evaluated service improvement plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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. To ensure that people experience consistently good outcomes and to promote ongoing self-assessment and improvement of the service, the provider should continue to develop comprehensive and effective quality assurance systems.

This should include, but is not limited to, effective quality assurance processes for staffing, clinical governance, activities and quality of interactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

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

Requirements

Requirement 1

By 13 March 2022, **extended to 1 June 2022**, the provider must ensure that the care service is provided in a manner which maintains the dignity of service users and promotes the principles of respect and choice. To do this the provider must, at a minimum, ensure:

- a) staff understand and act in accordance with the principles of dignity, respect and choice set out in the Health and Social Care Standards (HSCS).
- b) staff registered with the Nursing and Midwifery Council and the Scottish Social Services Council understand and adhere to their relevant codes of conduct and practice;
- c) that staff are supported with appropriate training such as 'Promoting Excellence programme for dementia learning and development'.

This is to comply with Regulations 3 (Principles), and 4(1)(a) and (b) (Welfare of users), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My human rights are protected and promoted, and I experience no discrimination' (HSCS 1.2).

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the focus of people's attention' (HSCS 3.1).

This requirement was made on 30 November 2021.

Action taken on previous requirement

We observed how staff interacted with residents in communal areas and during mealtimes. We found that interactions were kind, respectful and nurturing. Feedback we received from residents and families was positive. People told us that they had good relationships with staff and that they found staff helpful and welcoming. Staff told us that the atmosphere in the home had improved and that they felt more confident as a result. This meant that people benefitted from interactions and relationships with staff that supported their wellbeing.

Managers worked with external trainers to give staff access to professional training in dementia care. The training plan included the training of lead practitioners at the enhanced level of the Promoting Excellence learning framework for dementia care. This supported the development of professional competence of staff who support people living with dementia at Thorntoun Estate Nursing Home.

Met - outwith timescales

Requirement 2

By 13 March 2022, **extended to 1 June 2022**, the provider must ensure that people have access to meaningful activity to support their wellbeing. To do this the provider must, at a minimum, ensure:

- a) appropriate numbers of staff are available to support the co-ordination and delivery of meaningful activity for everyone living in the home.
- b) the views of people living in the home are used to inform the development of an activity program which promotes their choices and aspirations.
- c) the activity program provided should be appropriate for individuals, supporting their health and well-being needs; and
- d) involvement in activities should be recorded in an outcome focused manner so that it is evident if the activity was a success for the individual.

This is to comply with Regulation 4(1)(a) (Welfare of users), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

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

This requirement was made on 30 November 2021.

Action taken on previous requirement

The provider employed a second activity co-ordinator to support people's access to meaningful activities. Managers supported improvement by emphasising the importance of social and physical stimulation. Life story work was re-visited and generated useful information that could be used for planning meaningful activities for each person. A newly introduced App helped to drive more evidence-based practice by making it easy for staff to log people's participation in and enjoyment of activities.

Taken together these measures re-energised the area of activity provision and had a positive impact on people's outcomes.

Met - outwith timescales

Requirement 3

By 13 March 2022, **extended to 1 June 2022**, the provider must ensure that personal plans clearly set out how individuals health, welfare and safety needs are to be met, as well as their wishes and choices. To do this the provider must, at a minimum, ensure:

- a) personal plans are developed in consultation with the individual and their representative to reflect a responsive, person-centred approach taking account of choices and preferences.
- b) personal plans accurately record the management of health, welfare, and safety needs and how these will be met.

c) plans to support people who may become distressed must fully reflect how best to effectively support the individual.

d) measures identified in personal plans are being implemented in practice to meet the individual's health, welfare, and safety needs; and

e) evaluations are outcome focused and reflective of how effective the planned care had been in promoting positive choices.

This is to comply with Regulation 5(1) (Personal Plans), of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

This requirement was made on 30 November 2021.

Action taken on previous requirement

Managers and staff worked effectively on the improvement of people's care plans. We sampled several care plans and personal risk assessments and saw that they were complete and up to date. We saw good examples of care plans with improved content and detail. The improvement included care plans for supporting people who may experience stress and distress. This meant that people benefitted from care plans that supported their safety and wellbeing.

We discussed with managers that further work was needed to make the care plans more focussed on people's personal outcomes. To support this, we made an area for improvement (see section 'How well do we support people's wellbeing').

Met - outwith timescales

Requirement 4

By 13 March 2022, **extended to 1 June 2022**, the provider must ensure that people living in the service are safeguarded and that their health, welfare, and safety needs are effectively managed and met. To do this the provider must, at a minimum, ensure:

a) the outcomes of risk assessments are used to inform plans of care to manage risks effectively.

b) regular clinical governance meetings are implemented to provide a holistic approach to action planning to address risk management; and

c) ensure that where there are indications of poor care provision, action is taken promptly to address this, and a record is maintained of all improvements made.

This is in order to comply with Regulations 4(1)(a) - Welfare of users, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This requirement was made on 30 November 2021.

Action taken on previous requirement

We found that people's personal risk assessments were regularly completed and up to date. This helped to keep people safe by monitoring important risks, like weight loss, falls and pressure wounds.

Managers introduced new and improved falls monitoring and analysis that supported the management of individual and general falls risks. The system for clinical governance was improved and clearer processes were put in place to ensure that senior staff regularly reviewed the effectiveness of clinical risk management in the service.

Met - outwith timescales

Requirement 5

By 13 March 2022, **extended to 1 June 2022**, the provider must improve the management of mealtimes. To do this the provider must, at a minimum, ensure:

- a) that staff are effectively led and deployed to support service users to eat and drink.
- b) review the management of mealtimes to develop a social experience for people; and
- c) continuously evaluate the quality of mealtimes to ensure effective development and improvement of the mealtime experience.

This is in order to comply with Regulation 4(1)(a) (Welfare of users), of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected' (HSCS 1.34); 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This requirement was made on 30 November 2021.

Action taken on previous requirement

We found that mealtimes in the service were significantly improved. Managers worked effectively with staff to ensure that mealtimes were well organised. Individual staff members knew their roles and were aware of

good practice. Regular observations of practice supported learning and consistency. This meant that people benefitted from settled, unhurried mealtimes that promoted their choices and enjoyment of food.

Met - outwith timescales

Requirement 6

By 13 March 2022, **extended to 1 June 2022**, the provider must develop aims and objectives of the service that are fit for purpose. The aims and objectives must be clear about the service being provided, why you are providing the service, how it will be provided, who will provide it, and to whom the service will be available.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Applications) Order 2011 (SSI 2011/29) and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service that is well lead and managed' (HSCS 4.23).

This requirement was made on 30 November 2021.

Action taken on previous requirement

The provider reviewed and amended the Aims and Objectives for the service. We found that the revised Aims and Objectives were clear and informative. This meant that the Aims and Objectives could function as a clear foundation for the ongoing self-assessment and development of the service, and as a source of information for people interested in the service.

Met - outwith timescales

Requirement 7

By 13 March 2022, **extended to 1 June 2022**, the provider must demonstrate that service users experience consistently good outcomes, and that quality assurance and improvement is well-led.

To do this the provider must, at a minimum, ensure:

- a) quality assurance systems that continually evaluate residents' experiences so that residents receive the right care and support to meet their needs.
- b) detailed improvement plans that include clear responsibilities and explain how progress will be measured; and
- c) a system to ensure that leaders at all levels have a clear understanding of their role and are supported effectively to implement changes at a pace that reflects the improvements needed.

This is in order to comply with Regulation 4(1)(a)(Welfare of users), of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 requirement was made on 30 November 2021.

Action taken on previous requirement

The provider made effective improvements to the leadership and management of the service. A newly appointed, experienced area manager supported the existing staff with the necessary improvement work. Managers were clear about which areas of the service needed to be improved and communicated this well to staff. This meant that the pace and positive impact of change increased since our last inspection.

Managers reviewed existing quality assurance processes to make them more effective and evidence-based. Good examples included improved quality assurance processes for falls, activities and mealtimes.

Although managers were clear about what needed to improve and effectively led positive changes, we found that they still needed to develop a comprehensive, ongoing and regularly evaluated improvement plan for the service. Ongoing self-assessment and improvement planning are the basis of sustainable good practice. We therefore made an area for improvement to support this (see section 'How good is our leadership').

Met - outwith timescales

Requirement 8

By 13 March 2022, **extended to 1 June 2022**, the provider must ensure that people live in an environment that is well maintained and meets their needs. To do this the provider must, at a minimum, develop a refurbishment plan for the home and ensure the following;

- a) the use of the Kings Fund Audit tool - 'is your care home dementia-friendly?' to inform the refurbishment plan.
- b) take account of Care Inspectorate guidance 'Building Better Care Homes for Adults'.
- c) take account of the Health and Social Care Standards.
- d) take account of the aims and objectives of the service; and
- e) detail the timescales for completion of refurbishment.

This is in order to comply with Regulation 4(1)(a) (Welfare of users), and Regulation 10(2)(a) (Fitness of premises), of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and,

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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).

This requirement was made on 30 November 2021.

Action taken on previous requirement

We saw that the provider implemented further environmental improvements as part of their ongoing refurbishment plan. These improvements made a positive difference to people living in the service. Examples included improved lighting and wall decoration in The Willows and a clearer separation of The Willows and The Oaks units. This helped people with their orientation, promoted a calmer environment and created better choices of dining areas. The service promoted independence and choice by enabling residents to use their own key fob if they wished to move between the two units.

Met - outwith timescales

Requirement 9

By 13 March 2022, **extended to 1 June 2022**, the provider must implement systems to effectively support the learning and development of staff working in the service.

To do this the provider must, at a minimum, ensure the following:

- a) develop and implement an induction program that will ensure that new staff have the right knowledge and skills to support people in line with the Health and Social Care Standards.
- b) provide new staff with experienced and skilled mentors to support effective learning and development.
- c) introduce a system to formally evaluate the training staff had undertaken and the impact it has on their practice.
- d) directly observe staff practice to determine staff are competent and skilled; and
- e) establish a program of staff supervision that will support staff to discuss concerns, look at their practice and plan their training and development.

This is in order to comply with Regulation 15(a) (Staffing), of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 code' (HSCS 3.14).

This requirement was made on 30 November 2021.

Action taken on previous requirement

The provider made significant improvements to staff induction and training. A new induction programme was introduced and staff who were recently employed commented positively on their induction.

Managers were clear about the importance of training as a priority to support ongoing and sustainable improvement. This was demonstrated by the employment of a training officer to support planning, co-ordination and evaluation of training.

Managers worked with external trainers to ensure that staff had access to up-to-date knowledge and expertise to support their learning. A new online learning platform was introduced to give easy access to a wide choice of learning subjects.

The use of observations of practice was demonstrated to good effect by the use of mealtime observations which helped to achieve significant improvements.

Managers had clear plans for the re-introduction of regular individual supervision sessions but explained that more time was needed to introduce this fully.

Met - outwith timescales

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

The provider should take steps to reduce noise levels in the communal areas of the home. This would help reduce anxiety and distress for people living with dementia.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells' (HSCS 5.18).

This area for improvement was made on 30 November 2021.

Action taken since then

The environmental improvements made by the provider, combined with increased staff awareness made a significantly positive impact on the noise levels in the service. We found that the communal areas, particularly in The Oaks unit, were much more settled than at previous inspections. This helped to reduce stress and anxiety levels, particularly for people living with dementia.

This area for improvement was met.

Previous area for improvement 2

To ensure that medication is managed safely and in line with best practice guidance the provider should develop and implement protocols to direct staff regarding the administration of medication prescribed 'as needed.'

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'Any treatment or intervention I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 30 November 2021.

Action taken since then

The provider had reviewed practice and used quality assurance processes to make the necessary improvements. We found that 'as required' medication protocols were in place and that their content was improved.

This area for improvement was met.

Previous area for improvement 3

To support individual's hydration needs and inform effective care planning the provider should ensure that fluid charts accurately record information over a 24-hour period and measure an individual's intake against an agreed target.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support meet my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 30 November 2021.

Action taken since then

We found that the monitoring of fluid intake was improved. New monitoring forms prompted staff to take early action if a person's intake was low. The process for ensuring that intake over a 24-hour period was calculated and documented was improved and responsibilities were clarified. However, we found several miscalculations in the monitoring sheets we sampled. We discussed this with managers and decided to continue this area for improvement to support the implementation of robust practice and effective quality assurance.

This area for improvement was not met and will continue.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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