

Threshold Support Services - Residential Care Home Service

15 Mill Road
Hamilton
ML3 8AA

Type of inspection:
Unannounced

Completed on:
3 November 2022

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003001401

About the service

Threshold Support Services - Residential is registered to provide care and support to a maximum of eight adults with learning disabilities.

The service is provided by the Church of Scotland, trading as Crossreach.

There are two houses, each provides accommodation for four people, one in Hamilton and the other in Kirkmuirhill.

People using the service have their own bedroom and share the living room, dining room, kitchen and bathrooms. There is an enclosed accessible garden, parking area and office space at each house.

Eight adults were using the service at the time of our inspection.

The service do not employ nurses as a part of their staff group. Nursing and other healthcare needs are met by referral to district nurses or other health professionals as required.

About the inspection

This was an unannounced inspection which took place from 31st October till 3rd November 2022. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 people using the service as well as 10 staff and three management. We observed practice and daily life, reviewed documents and spoke with three relatives on the telephone. We also consulted four external professionals who knew the service well.

Key messages

- People spoke positively about the care and support provided. There were trusted relationships and relatives praised staff for their kindness.
- People were supported to carry out activities of their choice, however this was curtailed during the pandemic and was only recently getting back to normal.
- Staff roles needed to be reconfigured to ensure clear lines of accountability and shift leadership so people's needs are met and best practice is followed as far as possible.

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
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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 made an evaluation of adequate for this key question, as there were some strengths but these just outweighed weaknesses. These need to be addressed to ensure people benefit from safer higher quality care and support.

People should expect their health to benefit from the care and support provided.

People benefitted from regular assessments and were referred when needed for support from external professionals such as dentist or district nurses. However, stronger and more regular links with community learning disability team and other professionals could be beneficial to ensure people's care and support at times of stress and distress are met safely and consistently. (See How good is our staff team)

People who lack capacity for decision making should have appropriate systems in place to ensure decisions can be made legally and in their best interest. Staff were not always aware of people's legal status and we could not be sure consultation was always carried out with the appropriate representative. For example when medications changed or care plans updated. It is important people are included and involved in decisions about care and support and records are kept to show this. (See area for improvement 1)

Medication management was carried out using a system which could be audited and checked. Although, regular checks took place there was no formal audit in place and this meant some areas for improvement had not been picked up. (See How good is our leadership)

The medication cabinets in the bedrooms meant people benefitted from a homely approach. Changes were made during the inspection to ensure the locks were made safer and access limited to staff who were competent to administer medications only.

Mealtimes were homely and staff sat and ate with people which helped make a sociable and pleasant experience. The meals were not planned well in advance and this meant we could not be sure they were nutritious, balanced and meeting people's needs as well as possible. (See area for improvement 2)

People should expect meaningful contact with their loved ones is supported.

There were no restrictions on visiting at the time of our inspection, and family and friends could come and go as they pleased. People could keep in touch in a variety of ways, using telephone or internet and staff supported people to do this.

People experienced warmth, kindness, and compassion in how they were supported and cared for. We saw some fun and friendly exchanges between people living at the service and staff.

People had a weekly plan of activities, this meant there were regular trips out to shops, clubs, for meals or walks in the local area. This meant people felt connected and could keep in touch with those important to them.

People should expect their health and well-being to benefit from safe infection prevention and control (IPC) practices.

There were testing and reporting systems in place to ensure the right people were informed if an outbreak was to occur. Checks on staff practice for hand hygiene and use of personal protective equipment were carried out.

The premises, furnishings and equipment checked were clean and the home was odour free. Staff had received appropriate training in infection prevention and control and were able to demonstrate some of the principles of this. There were systems and resources in place to help prevent the spread of infection but this could be further improved.

Staff needed some further guidance on the national cleaning specifications and good practice in cleaning to ensure consistency. Audit processes to check practice against the National Infection Prevention and Control Manual were yet to be fully developed. New staff roles could be assigned to support the wider staff group to develop further. Some points were identified to help minimise cross infection and support good practice. (See area for improvement 3)

Areas for improvement

1.

So people can be sure when decisions are made the right people are involved, the service provider should ensure:

- Legal documents are obtained so a clear record of legal status and who holds specific powers / for what issues is evident.
- Consider the use of the mental welfare commission checklist to help staff record this clearly.
- Obtain from medical staff, whenever possible, a treatment plan in relation to part 5 of the Adults with Incapacity Act.
- If a limit to freedom is used for example "as required" sedative medication, or equipment such as a "wrist strap" this must be agreed appropriately and a review date put in place. This is so it is used for the least amount of time necessary and only as a last resort.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12)

2.

So people have their nutritional needs met and can enjoy their food, a menu plan should be put in place which informs shopping and provides a healthy balanced diet which suits individual needs and preferences.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSCS 1.33)

3.

So people are safer, cleaning and laundry practices should be reviewed so they meet with standards set out in the National Infection Prevention and Control Manual.

With specific reference to:

- Roles and accountability to ensure staff are familiar, have access and practices are in keeping with this manual.
- Use of chlorine for sanitary fittings, provision of appropriate bottles for dilution,
- Washing machine settings should be checked for thermal disinfection and staff have guidance to ensure this is used correctly.
- Clarity for staff in how to clean up spills of blood or body fluid (due to incontinence) and
- COSHH regulations are followed, cleaning products are locked away safely.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "My environment is secure and safe." (HSCS 5.17)

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question, as there were some strengths but these just outweighed weaknesses. These need to be addressed to ensure people benefit from safer higher quality care and support.

People should expect quality assurance and improvement is well led.

The service provider had a quality assurance framework which was aligned to the health and social care standards. This helped to identify areas for improvement and used a different topic each month. A service development plan was also in place, informed by inspection reports, audit and other incidents arising. This helped to drive improvement.

People told us they felt the management and staff were approachable, and they felt comfortable raising any concerns they had. This was positive and helped to give confidence in the organisation.

Although medication was easy to check, periodic audit to sample administration records and check competence of staff in medication administration had not been carried out. This could further improve safety and quality of medication management.

In addition some observations during this inspection visit highlighted issues which could have been picked up through audits or observation of staff practice. For example use of the same code on doors, cupboards and medication cabinets meant security was not limited to essential people only. Also, some health and safety issues were noted and actions taken during the inspection to address these. This meant safety measures were not robust enough and need to be reviewed. (See area for improvement 1)

People should expect their terms and conditions of residence at the service to be clearly explained. However, there were no occupancy agreements in place. The service provider was in agreement to introduce this. Financial risk assessments and support plans were in place to ensure staff were guided appropriately so people could spend their money to enhance their well-being. However, access to petty cash and money boxes was too readily available to be secure. (See area for improvement 2)

Overall, the approaches taken to drive improvement were slow and needed clearer leadership to embed changes in practice.

Areas for improvement

1.

So people experience a safe and high quality service, the service provider should,

- ensure audits check specific practice and staff competence, for example in medication management.
- ensure health and safety checks are completed, including: window restrictors, water temperatures, fire drills and ensure appropriate actions are taken to address any deficit.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

2.

So people's money and personal affairs are safeguarded, the service provider should,

- introduce an occupancy agreement which sets out the terms, conditions and any additional costs or charges.
- ensure money and valuables are stored securely, with access limited to as few authorised staff as necessary.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: "I use a service and organisation that are well led and managed." (HSCS 4.23)

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question, as there were some strengths but these just outweighed weaknesses. These need to be addressed to ensure people benefit from safer higher quality care and support.

People should expect staffing levels are right and staff work well together.

We observed staff interactions which were friendly and kind. There were trusted relationships and a homely atmosphere. Staff were proud of the service and relatives praised them highly. Staff were motivated and spoke of good team work.

During the day staff numbers appeared to be appropriate to meet the needs of people living at the service. However, skill mix, clarity of roles and over-reliance on agency staff meant at times the quality of care and support was compromised. For example the quality of meal provision or the response to periods of stress and distress of individuals at times had not followed best practice. At night only one member of staff was on duty and this meant there was limited supervision of this staff member or back up in the event of an emergency. The service provider agreed to review skill mix and on-call arrangements as a matter of priority. (See area for improvement 1)

People should expect staff induction is tailored to the training needs of the individual staff member and role. This was under review and some staff had not benefited from induction or in-house training as they were employed by an agency. This meant knowledge and skills of the staff group was variable. A training plan was in place and most staff had completed mandatory training. However, desirable training to support people with specific needs such as dementia and communication support needs such as use of Makaton had not been provided. This meant the care home may not have the skill set it needs to get closer to best practice. (See area for improvement 2)

Areas for improvement

1.

To support high quality care and support, the service provider should carry out an assessment of staffing needs in keeping with Care Inspectorate guidance. This should include:

- review of skill mix, ensuring clear shift leadership so staff are trained and competent for roles they are asked to perform.
- review the use of agency staff to ensure they have the knowledge and skills to meet people's needs, particularly if they are unsupervised and lone working.
- introduce competence checks to ensure staff have the right skills, and periodic observation of practice to ensure this is maintained.
- review on-call arrangements to ensure this is suitable to meet people's needs.
- staffing needs should be informed by a determined process of continuous assessment and linked to quality assurance.

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, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

2.

To support high quality care and support, the service provider should ensure staff have training to support people with specific needs. This should include:

- communication aids such as talking mats/ use of Makaton,
- understanding dementia / promoting excellence training,
- adults with incapacity, understanding decision making and
- ensuring any restriction to freedom affecting control and choice complies with relevant legislation is justified, kept to a minimum and carried out sensitively.

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 codes." (HSCS 3.14)

How good is our setting?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experience.

People should expect to benefit from high quality facilities.

People living at the service benefited from a comfortable and homely setting. People had privacy when they wanted and could choose to use lounge or quiet area if they wished to do so. The care environment was relaxed. The furnishings were of a good standard, and the dining room was pleasant and homely to enjoy a meal. This meant people benefited from small group living.

The garden areas were well kept and provided additional space to sit and take part in outdoor activities in better weather.

All of the bedrooms were individually decorated and reflected the preferences of the person. The standard of décor was good and all areas were clean and fresh.

The facilities provided meant people could choose from a bath or a shower. These were shared facilities. This meant the layout of the setting helped to meet people's needs.

How well is our care and support planned?**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experience.

People should expect their personal plan to reflect their needs and wishes.

People benefited from personal plans which were easy to follow and mostly kept up to date. Personal preferences were clearly recorded and staff knew people well. This helped staff to meet people's needs and preferences.

People had an anticipatory care plan, this was intended to record people's wishes about what to do in the event of sudden deterioration. This is important so care choices are known and can be acted upon. Further work was needed to ensure completion and sharing with G.P.s so this was recorded in the right way.

Positive behaviours plans were in place and some were in progress of review. This would help ensure staff meet people's needs consistently and agreements are in place regarding any interventions. At times however, staff did not use personal plans to inform care and made decisions without reference to the agreed written plans. This was highlighted to management and further training for staff was planned. (Closer supervision and shift leadership needs are highlighted in staffing and leadership sections of this report)

Although relatives felt involved in care decisions there was little evidence of involvement in the personal plans. The agreement to the care and support plans could be evidenced more strongly. Although goals and aspirations were identified, there was little evidence of outcomes and evaluation to support achievement. (See area for improvement 1)

Areas for improvement

1. To further improve personal plans the service provider should:

- include stronger reference to goals/ aspirations in keeping with Keys to Life and
- use the review process more robustly to check completion and evidence involvement of relevant people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account." (HSCS 2.12)

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

Requirements

Requirement 1

By 19 April 2022, the provider must ensure that people are supported safely by trained and competent staff.

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

- a) ensure staff receive appropriate training in, but not limited to moving and assisting, epilepsy care, autism, and stress and distress.
- b) ensure staff have completed refresher training as necessary.

This is to comply with Regulation 15(a) and (b) (Staffing) 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 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" (HSCS 3.14).

This requirement was made on 31 January 2022.

Action taken on previous requirement

The service provider had worked to produce a comprehensive training plan with a clear overview of completion. This was almost complete and represented good progress.

This requirement is met.

Met - outwith timescales

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

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

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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