Kirkhaven
Care Home Service

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Type of inspection:
Unannounced

Completed on:
8 April 2022

Service provided by:
Church of Scotland Trading as Crossreach

Service provider number:
SP2004005785

Service no:
CS2006119110

About the service

Kirkhaven provides a care home service to people with complex needs who are currently homeless. The provider is the Church of Scotland trading as Crossreach.

Kirkhaven is located in Dalmarnock, a residential area in the east end of Glasgow with good transport links and close to local amenities.

Provided over two levels the service accommodates 14 adults in 12 bedsitting rooms with ensuite shower facilities and has communal living and dining areas. There are also two adapted and wheelchair accessible flats.

Residents have access to a garden at the rear of the property. Visitor parking is available on the street outside the service.

About the inspection

This was an full inspection which took place on 4, 6, 7 and 8 April. The inspection was carried out by one inspector 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 eight people using the service. We spoke with nine staff and the manager, observed practice and daily life and reviewed documents including support plans and the service improvement plan. We spoke with one visiting professional.

Key messages

- Staff were very good at developing and sustaining productive relationships with residents.
- The provider sought feedback from residents about the service they received.
- An outcome focused support plan tool supported people in their recovery.
- Infection prevention and control quality assurance was well managed.
- The manager and senior staff were knowledgeable about improvements needed at the service.

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?	5 - Very Good
How good is our leadership?	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? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

All the residents we spoke with said they felt well supported by the staff team at the service. From conversations with residents and our observations of staff and resident interactions, we concluded that staff were skilled at developing positive and supportive relationships with people living at Kirkhaven. This contributed to people feeling cared for and valued.

People had opportunity to express their views about the service they received in several ways, including at regular residents meetings and through surveys. Residents told us that there was an open-door policy. People said this meant they could raise concerns directly with the manager who they described as responsive.

This demonstrated that the service was proactive in seeking the views of residents and we saw that their feedback helped to shape the service's improvement priorities.

The harm reduction approach at the service helped people feel accepted and safe in the knowledge that their accommodation was not at risk as a consequence of their drug or alcohol use. 'Staff don't judge us' said one resident. Residents we spoke with said they thought the rules at the service were fair.

The service used an outcome focused support plan tool, this helped residents identify the progress they had made and further actions they needed to take to achieve their desired goals.

There were a number of activities available and residents could choose to participate in these. This helped encourage social interaction, supported people to engage with their communities including local recovery communities and promoted exercise. We discussed the potential provision of specific health promotion sessions and the manager agreed to look at this.

Staff had received training in a number of areas to support people's health and wellbeing. This included trauma training. This helped staff to better understand the impact of trauma on the people they were working with and support them on their recovery journey.

All staff had received Naloxone training, and this had been used on several occasions with good effect. Naloxone is a drug that can reverse the effects of heroin and methadone and is administered where overdose is suspected. We asked the manager to continue to assess staff development needs, to promote their knowledge and understanding in key areas aligned to people's presenting issues.

All staff had completed infection prevention and control training appropriate to their role. This meant that they were able to keep people safe because they were knowledgeable about how to prevent or stop the spread of infection.

The service had increased the hours of housekeeping staff to help implement enhanced cleaning schedules. We observed that the service was clean with appropriate cleaning products being used.

The manager had identified some staff as infection prevention and control (IPC) champions. They had helped the service monitor key areas of IPC quality assurance including assessing the cleanliness of the environment and carrying out IPC audits. This helped the service identify and manage infection risks.

How good is our leadership? 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, strengths had a positive impact on people's experiences.

We sampled the service improvement plan. This had been developed through a process of self assessment across a number of key areas. This meant the manager and senior staff had an understanding of how well the service was doing in those areas and where they needed to improve further. A traffic light system helped identify progress and the plan was kept under constant review.

The manager had assigned responsibility for key areas of the improvement plan to senior staff. This collaborative approach helped share the workload, promoted accountability and helped the service work towards achieving its goals. We suggested that the 'Quality Improvement Framework' be included as part of the self assessment process. This framework sets out the quality of service provision that people should expect and focuses on outcomes for people.

An outcome focused improvement plan could help the provider to better understand how people have experienced the service as a result of the improvements made. This will help evaluate the effectiveness of the improvement plan and help determine future improvement priorities.

The manager advised that going forward they intended to share the improvement plan with people living at the service. This will help ensure transparency and inclusion.

The service was open to suggestions for improvements. Where supportive visits from health partners had identified areas where infection prevention and control could be improved, action had been taken. This had helped ensure that the risk to residents, staff and visitors from infection was reduced.

We saw examples where improvements had taken place following new internal audits carried out. For instance, a number of mattresses had been replaced following an audit. This helped reduce the risk in areas that had not been considered previously.

There was good evidence that people benefitted from the improvements that had taken place. An example was that medication was now safely stored in people's bedrooms. This promoted their dignity and supported a risk enabling approach, encouraging residents to be more independent in this area.

We sampled support plans and found some gaps in recording, although care plan auditing was taking place, it had not picked up the issues we identified. We also discussed alternative use of language more befitting a trauma informed approach. We suggested the need for more robust care plan auditing to address these areas and have made this an area for improvement (**see area for improvement 1**).

We suggested that further discussions with staff will help to ensure a consistent approach to record keeping.

Areas for improvement

1. To ensure that staff are working in accordance with expected standards of record keeping, the provider should ensure that care plan audits identify gaps in information, gaps in recording and review the language used.

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

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's heath and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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