

Cumnor Hall Care Home Service

18 Racecourse View
Ayr
KA7 2TY

Telephone: 01292 266 450

Type of inspection:
Unannounced

Completed on:
20 June 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003001313

About the service

Cumnor Hall is registered to provide a care home service to a maximum of 31 older people living with Dementia. The provider is Church of Scotland Trading as Crossreach. The property is a detached villa which is situated close to Ayr town centre, with substantial enclosed gardens. There is easy access to a range of community resources. All bedrooms are single occupancy with one double bedroom for use by people with a significant relationship. There is a passenger lift, to access the first floor.

At the time of inspection 29 residents were living in the home.

About the inspection

This was an unannounced inspection which took place on 17, 18, 19 and 20 June between the hours of 07:00 and 17:30. 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 three people using the service and 15 of their family
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- The home had a nice atmosphere and people were able to move freely around the home.
- Staff cared for people with kindness and compassion; they were also responsive to their changing needs.
- Family members felt involved and well informed, telling us they were very satisfied with the standard of care and support provided.
- The home had undergone recent upgrades, enhancing the living facilities for people.
- The outdoor space continued to be under-utilised and maintained.
- There continued to be an over-reliance on agency staff to cover day time hours.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

4 - Good

We evaluated two quality indicators under this key question; 1.3. People's health benefits from their care and support and 1.5. People's health and wellbeing benefits from safe infection prevention and control practices and procedures. We evaluated both as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

During our inspection we were able to see evidence that people's physical, emotional and mental health and wellbeing benefitted from their care and support. We saw that the relevant health professionals had been involved as necessary. Up to date assessments reflecting evidence-based practice were in place to guide staff on how best to support people.

Families told us they felt included in their loved one's lives and well-informed should their loved one's presentation change, and they required health checks etc. This gave families confidence that any health-related issues were addressed promptly. They also knew how to raise a concern. Comment from family "Cumnor Hall staff are very proactive, any issues they contact us if medical concerns arise."

We observed staff supporting people over several days and saw kind, caring and compassionate care being provided. People were comfortable in staffs' presence; staff had time to spend with them and were not rushed or stressed. People and their relatives told us that the staff were caring and attentive. Comments included,

"The staff are good; I get on well with them, they are all nice and they work hard."

"I am very happy with the care my wife gets; she is cared for with kindness."

"Very happy with the care mum gets, the staff are very attentive."

"We're more than happy with the care. All the staff are lovely, no concerns."

"I am extremely satisfied with the high quality, responsive care, my mum has received and the warmth and kindness of staff to the whole family, not only my mum."

Staff were skilled in supporting people who encounter periods of stress and distress. This had improved outcomes for people as it had been translated into personal plans and medication protocols, meaning clearer guidance for the team.

Relatives told us, "She has settled down a lot lately this has made a huge difference for her and for us."

"My mum has limited communication especially when anxious but yesterday she said to me 'It's really nice here, you should come and stay.'"

People benefit from a robust medication management system which adheres to good practice guidance. People's medication was regularly reviewed to ensure it continued to meet their identified health needs. Strong links with external health professionals helped people stay as well as they could.

Staff working in the service had improved understanding about supporting people's physical, mental and emotional wellbeing, so opportunities to improve people's health had been enhanced. Senior staff and managers worked closely with the staff team to ensure that rigorous processes were in place to support effective communication about changes to people's wellbeing.

Purposeful and enjoyable activity and maintaining community links are known to impact positively on people's wellbeing. There was a programme of group and individual activities which promoted physical activity, and opportunities to go out and about. We heard of some very good examples where individuals had enjoyed outings and activities linked to their interests and expressed preferences. The service should continue to build upon this by developing activities suitable for people who live with dementia and focusing on personal outcomes.

We were able to see sustained improvements in record keeping and charting of the day-to-day care that people received. There were also detailed food and fluid balance charts which supported the evaluation of people's nutritional intake over the course of the day. This meant staff had clear oversight over who may need some additional support in meeting their nutritional needs.

People could expect to enjoy healthy well-prepared meals and snacks. People we spoke with enjoyed their meals and confirmed their dietary choices were met; using a visual choice supports people who live with dementia to express their choices of food and drinks. We saw alternatives being offered and meals prepared out with set mealtimes as requested. People could also help themselves to drinks and snacks throughout the day.

People were safe and protected because staff and leaders were proactive in ensuring that systems and resources were in place to support infection prevention and control. Leadership and staffing arrangements ensured all necessary systems and resources are in place to prevent the spread of infection. Housekeeping staff ensure relevant cleaning products and disinfection processes. They adopt systematic measures to prevent infection and minimise cross infection in different areas of the environment.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The quality assurance systems and processes in place were adequate because the audits were not effective, therefore not driving change or improvement. For example, audits were being conducted, but there were no findings, therefore they were not providing an opportunity to highlight improvements.

We found that audits of key areas of service delivery were in place, however, they did not give management an accurate oversight. With no findings we could not track improvement outcomes accurately. Effective quality assurance, including self-evaluation and improvement plans, ensures standards of good practice are adhered to and drives change and improvement where necessary. (See requirement 1).

During the inspection, we were able to see improved outcomes for people through better recording of day-to-day records of care and support that was carried out. To ensure that these improvements are maintained and sustained, the provider needs to formalise the processes and checks that were taking place.

The new manager had started to hold resident and relative meetings to gather people's opinions and views. This ensured that people's views were used to inform the service improvement and development of the service. Relatives told us they felt included by the care home.

The manager spoke of their commitment to improving and developing the service. They had commenced implementing the self-evaluation tool to identify strengths, areas for improvement and to focus on outcomes that matter to those living in the service. Although this was in its infancy, we could be assured that the focus was on the right areas.

In order to give people and their families confidence of continuous improvement the action plan must have timescales and the ability to track improvements and highlight the need for change. This will instil leaders' skill to create capacity and use systems to identify risks, plan appropriate actions to address these and drive improvement.

Requirements

1. By 30 September 2025 the provider must ensure that effective quality assurance, including self-evaluation and improvement plans, are implemented to ensure standards of good practice are adhered to and drives change and improvement where necessary.

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).

How good is our staff team?

3 - Adequate

We evaluated two quality indicators under key question 3. We evaluated key question 3.2 as adequate, where strengths only just outweighed weaknesses. We also evaluated 3.3 as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People who experience care benefited from a staff team who knew them well. This helped promote continuity of care and supported wellbeing as staff were able to recognise any deterioration in their presentation.

We found that the cover during the day continued to be supported by agency staff 50%, albeit fairly consistent staff were booked to work shifts. This meant that the team were aware of and attentive to people's needs. Staff were positive about working in Cumnor Hall and reflected improved teamwork, morale and communication.

People who experience care can expect the appropriate skill mix, numbers and deployment of staff to meet their needs. Monthly dependency assessments were used to estimate the overall number of staff required gave some assurance that the overall staffing hours provided were in keeping with the assessed level of need. However, we heard that staff felt pressured during the night; this is currently under review.

Being able to take time to engage in meaningful interactions supported a less task driven approach to care and support. To underpin this and ensure that staff were able to respond to people's needs promptly the management were reviewing night duty staffing levels and staff deployment in general. This was to maximize skill mix and effective team working.

We saw improvements in staffs' competence and practice which supported improving outcomes for people. However, we found the manager did not have an at a glance training matrix to highlight outstanding training within the team. It is important that people can be confident that staff have the necessary skills and competence to support them. Also, for regular monitoring of staff's performance by checking their competence and observing their practice. (See area for improvement 1).

An effective key working system can improve the quality of people's life. This would provide a designated team member to the person and a point of contact for families. The management team gave a commitment to supporting staff to continue to develop key working system. We look forward to seeing this develop.

Staffing arrangements allowed for more than basic care needs to be met and support people to get the most out of life. We saw that staff had time to provide care and support with compassion and engage in meaningful conversations and interactions with people.

There was an effective process for assessing how many staff hours are needed. The numbers and skill mix of staff are determined by a process of continuous assessment featuring a range of measures. This included taking account of the complexity of people's care and support.

Areas for improvement

1. To support and develop learning opportunities for staff to meet the needs of people who live in the care home, the provider should:

- a) develop and make accessible a training matrix to identify gaps and plan for any outstanding training
- b) create capacity to ensure that staffs competency can be monitored and observations of practice undertaken regularly.

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 the people who support and care for me' (HSCS 3.14).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Cumnor Hall is comfortable, homely and welcoming; with a good standard of cleanliness throughout. We were able to see the home was clean, tidy, and free from clutter.

We could see that efforts had been made to improve the setting. Ensuites had been replaced with new fresh wet wall, making this easier to keep clean and well maintained. However, there were areas that required redecoration such as some hallways on the ground floor, communal lounge as they look tired, with old fittings, missing fittings etc. Some flooring looked tired and dirty due to staining. The home would benefit from a cyclical decoration and maintenance programme to ensure that people benefit from high quality facilities. (See requirement 1).

We were able to see that resident's and their families were able to personalise bedrooms to make them more homely and welcoming. This gave people a sense of home when they had familiar belongings around them.

In response to an area for improvement made last year; the rear garden path had been laid with resin to prevent it from being a trip hazard, however the remaining areas were overgrown and uninviting, as well as underutilised. The rear/side garden used by residents did not have a cyclical maintenance arrangement, unlike the expansive garden to the front. There were also hygiene matters raised from homing chickens which could cause slips or illness. The large water feature to the front could present as a hazard if not properly covered/protected by netting.

People were able to access communal spaces they choose within the home, however we found on two occasions that the door to the garden was locked preventing people from freely accessing outdoor space. There was a risk-averse approach to the use of any outdoor space, and it may not be freely accessible to people. This was addressed by the management during the inspection, and we found the door unlocked as the inspection progressed. We saw a resident make use of the space whilst reading his book and saw how much this meant to him.

Kings Fund tool had been completed, however there was no action plan for actions identified. We would also ask the home to consider having people who live in the home and their relatives be involved in this process.

The current improvement programme identifies areas of improvement which is reassuring that this has been recognised, however there are no timeframes for work to take place and therefore does not indicate continuous improvement.

There were maintenance records in place and are being further developed by the new manager to make them more robust. The maintenance worker was now able to be more proactive than reactive. We could see that the appropriate health and safety certificates were in place. There was a system in place to check daily maintenance issues which management have an overview. Leaders continued to complete daily walkarounds to ensure the home remains clean, tidy and in safe order.

Requirements

1. By 30 September 2025, the provider must ensure that people experience a high-quality environment that promotes their choices and meets their needs.

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

- a) ensure that upgrades to the fabric, décor and furnishings around the home continue to be cyclically planned to enhance the environment for those living with Dementia. Use the Kings fund tool to consider how to make improvements
- b) The rear/side garden used by residents must be included in the cyclical maintenance arrangement, the same as the front garden
- c) people must be safely able to access any communal spaces they choose within the home
- d) make the large water feature to the front of the home safe.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21), 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We noted some improvements in the level of information in personal plans (sometimes called care plans). We acknowledge that this piece of work is ongoing. Personal plans often had good information which directed staff on how to provide support to people. However, we found inconsistencies around personalised information which would make the plan more person-centred. It is important to consistently note peoples' needs wishes and preferences in how they want to be supported. This would also support them to be more outcome focused.

We could see what people's abilities were detailed, which helped to promote independence where possible. Risk assessments had relevant information on how best to support people to reduce risk where possible.

Personal plans were written up involving the person and their relatives as appropriate. This ensured that personal plans were as detailed as possible. It was pleasing to see good information about past history, obtained from family; this helped staff to understand the person better.

We were able to see evidence that care reviews were taking place. However the minutes were task orientated, some lacked information about who was involved. Keyworker reviews were also very task orientated, there was no review of activities or of the persons preferences. Also needs to be clearer if family were involved. We found that there were no minutes or notes taken from social work reviews and there was a reliance on minutes coming from external sources. (See area for improvement 1).

Stress and distress care plans had very good information throughout, describing how to support the person, particularly in preventing stress and distress behaviour by using specific techniques and approaches. It was helpful to see that staff were being guided to look at triggers and interventions to reduce any periods of upset.

Some personal plans promoted independence, through encouraging the person to do what they can for themselves where possible; which also helps to alleviate distress behaviour, especially with personal care tasks. Examples being, moving & handling plans gave good information about reducing risk. Also detailed information about symptoms of Diabetes and how to manage this.

Other personal plans were task orientated and therefore not person centred. It is important to come from the persons needs and how the task will impact on the person.

Formal care reviews were arranged at the required intervals. This helped to ensure that the care and support provided people's health and supports them to get the most out of their life.

Areas for improvement

1. To improve the content of personal plans and to promote people's health and wellbeing, the manager should ensure they are continually evaluated, reviewed and updated. Do this by involving relevant professionals and take account of good practice.

Personal plans should be person-centred to reflect people's rights, choices and wishes. Reviews should include information on people's progress and actions noted by the person leading the meeting on behalf of the person to include who was present.

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

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 support people's health and wellbeing, the provider should ensure that the facilities of the home and garden are of a high standard. The walkways in the garden should be made safe to ensure that people can access it independently if they are able.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 10 December 2024.

Action taken since then

The outstanding work to make the garden safe has been completed. We saw that people had been able to access the garden; leading to improved health and wellbeing opportunities.

This area for improvement was met.

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
1.3 People's health and wellbeing benefits from their care and support	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
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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