

# Templeton House Care Home Service

Racecourse Road  
Ayr  
KA7 2UY

Telephone: 01292 291 232

**Type of inspection:**  
Unannounced

**Completed on:**  
2 March 2022

**Service provided by:**  
Windyhall Care Home LLP

**Service provider number:**  
SP2013012160

**Service no:**  
CS2013320489

## About the service

Templeton House is a purpose-built care home located close to Ayr town centre. It is registered to provide a service to a maximum of 69 older people. The provider of the service is Windyhall Care Home LLP. The service was registered in March 2015.

Resident accommodation is provided over three floors - the garden level, the ground floor at street level (which includes the main entrance) and the first floor. The first floor area also houses the catering department, staff area and additional office space.

The home has a large, well-maintained and secure garden to the rear. There is parking, including disabled parking to the front. The home has two lifts and disabled access to all areas.

Residents have good access to an outside space, either the garden or furnished balconies. All bedrooms are very well presented and have an en-suite shower room. Assisted bathing facilities are available to support individuals with mobility issues. There is a choice of nicely presented lounges and dining areas in each of the three units. The environment is maintained to a high standard with facilities including a cinema room, hairdressing and beauty salon, a library and a piano bar.

The provider's aim is stated as:

'To listen and learn from service users to afford us the opportunity to work together to meet the identified needs and aspirations of the individuals who have chosen to live in Templeton House.'

## What people told us

We spoke with six residents during the inspection, all of whom were happy with the quality of the service provided. Staff were praised for their caring approach. Comments were:

'Staff are lovely and incredibly helpful.'

'We all get on so well - nothing is too much trouble.'

'Kind with a capital K.'

'I'm very happy here - no complaints.'

'It's a beautiful place to live - my family are very impressed with it.'

'I made the right choice coming to live here - the staff are first class.'

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

### Requirements

#### Requirement 1

In order to provide a safe and effective service to residents, the provider must ensure that the service has robust medication quality assurance systems in place. To achieve this, the provider should undertake the following by 15 January 2022:

- (a) review and improve the level and frequency of monitoring of medication systems across the home that must include administration, controlled drugs, stock count and 'as required' medication;
- (b) follow best practice guidance with regard to dementia and psychoactive medication.

This is to ensure 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) and,

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

**This requirement was made on 23 September 2021.**

#### Action taken on previous requirement

We carried out a follow up inspection on 14 and 17 January 2022. At that time, we found the management of controlled drugs and 'as required' medicines used to alleviate stress and distress to be satisfactory. A register for the use of psychoactive medicines had been set up to support regular reviews, minimise side effects and promote people's wellbeing. Links with the supplying pharmacy were in the process of being strengthened and additional training for staff was planned.

However, we were unable to reconcile a number of the stock checks we undertook and further work was needed to improve procedures for monitoring stocks of medication received, administered and remaining. We extended the timescale for meeting this requirement to 28 February 2022.

We returned to the service on 2 March 2022. The need to accurately record the stock received from pharmacy as well as the quantities of medication carried forward had been revisited with staff. The staff we spoke to told us they felt more confident about checking and recording stocks of medication and staff had attended training provided by the supplying pharmacy.

Additional stock checks had been implemented over the course of the four-weekly medication cycle. A return to original packaging was imminent and plans to record running totals on a regular basis were in place. The action taken meant that stock balances could be reconciled with any discrepancies being identified and addressed more proactively.

Action points arising from the recent audit undertaken by the supplying pharmacy were being addressed and individual medication profiles had been updated to provide staff with up-to-date information about people's medication needs. We concluded that the improvements achieved by the staff team had contributed to the safer management of medication for people experiencing care.

**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 evidence how information in care plans with regard to an individual's interests and hobbies are meaningfully incorporated into daily activity. To minimise the risk of social isolation, people in their rooms or individuals not participating in group activity should have alternatives in place that is recorded and evidenced in activity care plans.

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

'I can maintain and develop my interests, activities and what matters to me in the way that I like.' (HSCS 2.22).

**This area for improvement was made on 23 September 2021.**

#### Action taken since then

During the inspection visit carried out in January 2022, we observed lots of upbeat interactions between staff and residents who clearly enjoyed each other's company. Activities staff felt well supported by the manager and appreciated the increased input from care staff in relation to group activity. People who preferred to remain in their rooms and those who were unable or unwilling to join in with group activities had been offered one-to-one time, although staff said this was still difficult at times due to residents' needs or preferences. This should continue to be explored to maximise opportunities for involvement in meaningful activity; for example, consideration could be given to the key worker role being extended to include protected time for this purpose.

We saw good information held in meaningful activity folders in residents' rooms, designed to encourage all staff to be aware of people's support requirements and how this linked with the promotion of meaningful activity. Individual interests and preferences had been included. This was a new development that should continue to be monitored as there were gaps in recording and it is important to capture residents' experiences and the opportunities for meaningful involvement in activities that offer companionship, social connection and mental/physical wellbeing.

Weekly planners were in place for planned activities, although recent staff absence due to Covid related self-isolation meant that these had not always been delivered. Activities planners should be kept up to date as a

reference point for residents and staff. It would be helpful to record changes and use this information to assess what has actually been delivered, what was cancelled and the reasons why to support ongoing improvements.

We continued this as an area for improvement.

### Previous area for improvement 2

Staff should have opportunities to express their views, with feedback supporting improvement where identified. These opportunities should also consider training and development.

This is to ensure 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 area for improvement was made on 23 September 2021.**

#### Action taken since then

Staff had been provided with better opportunities to express their views and influence improvement in a range of ways. These had included team meetings, a staff survey and the new team forum, the purpose of which was to gain feedback from the wider staff team.

We saw evidence of suggestions from staff that had been followed through. Staff told us the manager was approachable and had an 'open door' which staff appreciated.

Supervision meetings had been carried out and we saw that this had provided staff with an opportunity to discuss their ongoing learning and development. We continued this area for improvement to allow more time for improvements to become fully established.

### Previous area for improvement 3

The service should ensure that processes are in place to communicate to the Care Inspectorate any follow up actions or information regarding the outcome of adverse events.

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

'I benefit from different organisations working together and sharing information about me promptly where appropriate.' (HSCS 4.18).

**This area for improvement was made on 23 September 2021.**

#### Action taken since then

The manager had provided updates on incidents that had occurred and the action being taken to minimise the risk of recurrence. This had included the reflection and learning undertaken by staff.

A process for reviewing the notifications submitted each month had been put in place to ensure that any follow up actions would be shared.

We continued this area for improvement to allow more time for improvements to become fully established.

## Previous area for improvement 4

The provider should demonstrate more holistically how staff resources are calculated to meet the needs of people experiencing care. Factors such as the environment, social interaction and fluctuating health needs of people should be considered.

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

'My needs are met by the right number of people.' (HSCS 3.15).

**This area for improvement was made on 23 September 2021.**

### Action taken since then

At the inspection undertaken in January 2022, we observed a skilled and caring team of staff delivering responsive and compassionate support. Although feedback about staffing was mostly positive, some staff felt staffing levels needed to increase. We acknowledged that the pandemic had impacted on staffing levels, although this was improving as staff returned to work following periods of self-isolation.

Dependency assessments had been reviewed with staff input, taking into account the clinical risk reports that detailed residents' enhanced care needs. In addition to the mealtime observations carried out to assess the quality of residents' experiences, a process for undertaking focussed observations of care was in the process of being introduced. The purpose of this is to acknowledge good practice and make improvements to the care and support being delivered where a need for this is identified. This was a positive development as staffing resources need to be informed by a range of factors as opposed to dependency assessments alone. The introduction of an additional wellbeing coordinator was also a positive development.

We continued this area for improvement to allow more time for the revised dependency assessments and the new care observations to become fully established in a way that will inform and influence staffing resources.

## 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).

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Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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