

Templeton House Care Home Service

Racecourse Road
Ayr
KA7 2UY

Telephone: 01292 291 232

Type of inspection:
Unannounced

Completed on:
31 August 2023

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 is Windyhall Care Home LLP.

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 single occupancy with en-suite showers. Assisted bathing facilities are available to support individuals with mobility issues. There is a choice of lounges and dining areas in each of the three units. The environment is maintained to a high standard with good facilities including a cinema room, a library and a hairdressing/beauty salon.

About the inspection

This was an unannounced inspection which took place on 25 July 2023 and 28 August 2023. 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 10 people using the service and 12 of their relatives
- spoke with 25 staff and management
- observed practice and daily life
- reviewed documents
- contacted visiting professionals

Key messages

Residents experience compassionate, responsive support from skilled and caring staff who are familiar to them.

Staff manage resident's healthcare needs well but need to improve some aspects of medication management.

Robust quality assurance processes inform and drive improvement.

Residents benefit from high quality facilities.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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?

4 - Good

We found strengths that had a significant, positive impact on people's experiences and outcomes with some areas for improvement to maximise wellbeing. We evaluated this key question as good.

Residents and their families told us that they had developed positive relationships with staff who were familiar to them. Throughout the inspection, we observed staff interacting with residents in a warm, kind and responsive manner that demonstrated care and compassion. Support was delivered in a discreet way that maintained people's dignity. We received positive feedback from the residents and relatives we spoke to and comments included:

'I'm very pleased with the care. Staff are attentive and kind. (Relative) is being well supported by staff and their hospitality has been outstanding during a difficult time.'

'They have genuine affection for (relative) - they really keep him going and he's rallied beyond our expectations.'

'I can't praise them highly enough for the care they give.'

'I'm not saying there hasn't been issues in the past but they listen and put things right which is the main thing.'

'The staff are all lovely - whether it's the carers, the cleaners or the managers - we haven't come across anyone that isn't friendly and helpful.'

Meaningful contact and support to maintain relationships is important for residents and their families. The people we spoke to told us this had been well managed. We directed the manager to the meaningful connection resources on the Care Inspectorate website to help staff with the development of individual care plans detailing how meaningful relationships are supported.

Staff knew residents well, supporting people to maintain their preferred routines as opposed to working in a task orientated way. We observed staff promoting choices throughout the day, patiently giving people time to respond. We discussed the need to strengthen meaningful opportunities for residents and their families to become involved in wider aspects of the service so they can express their views and ideas. This enables people to feel empowered and valued.

Delivering a programme of activities that enable people experiencing care to live an active life and participate in a range of activities that offer social connection, a sense of purpose and fulfilment and improved physical health promotes wellbeing, supporting people to get the most out of life. Staff were motivated and enthusiastic, appreciating the importance of meaningful activity and occupation. We found that residents had benefitted from a good range of group activities including opportunities to be physically active. Special events and anniversaries had been celebrated and staff had supported residents to access community resources. Smaller group or one-to-one activities had been delivered which helped to reduce the risk of social isolation for individuals who were unable or unwilling to join in with the larger group events. To improve record keeping, activity planners and care plans for meaningful activity and engagement should consistently reflect the impact and benefits of participation.

Resident's healthcare needs had been assessed and regularly reviewed by competent and knowledgeable staff. People's abilities were recognised and independence promoted. There were examples where individual residents had been supported to regain skills that included improved mobility and continence. Additional support had been put in place where risks had been identified, such as weight loss or skin damage with evidence of positive outcomes. Links and good working relationships with community healthcare colleagues meant that people experienced treatment and interventions that had been safe and effective. Good communication and robust monitoring and review of resident's clinical healthcare needs had enabled staff to identify and manage concerns properly.

Residents should be able to enjoy their meals in a relaxed and unhurried atmosphere. We observed attentive staff managing mealtimes well, providing discreet and responsive encouragement and support. Choices were offered and alternatives provided to help maximise food and fluid intake. The people we spoke with told us they enjoyed the good quality food provided. Catering staff had a good awareness of people's nutritional needs and preferences with menus offering good variety and ample food, drinks and snacks throughout the day and overnight if needed.

Medication had been well managed overall and an area for improvement concerning 'as required' medicines had been addressed. However, supplementary charts had not been well completed including topical medications and we continued this aspect of an area for improvement made at the last inspection. (See area for improvement 1). We also identified a need for staff to carry out more frequent reconciliations of medicines received, administered and remaining stocks as some of the balances we checked were incorrect. This helps to identify and address medication errors or other issues at an early stage so that action to reduce the risk of recurrence can be taken. (See area for improvement 1).

Infection prevention and control (IPC) measures had become well established in line with current guidance. Standards of cleanliness were good. Staff had a good awareness of IPC measures and demonstrated this in their practice. This helped to protect people from the risk of infection.

Areas for improvement

1. People experiencing care should be confident that they will receive the right medication at the right time and that effective systems are in place for the safe management of medication. To achieve this, the management team should:

- provide additional learning for staff on the proper completion of topical medication records;
- closely monitor the completion of topical medication records;
- increase the frequency of medication reconciliation audits for medication received, administered and remaining stocks.

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 that I experience is safe and effective' (HSCS 1.24) and '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 leadership?

4 - Good

We found strengths that had a positive impact on people's experiences and personal outcomes with some areas for development that would further strengthen the approach to quality assurance. We evaluated this key question as good.

The management team demonstrated a commitment to the ongoing development of the service and had a good awareness of what was needed to progress improvements. Seven of the nine areas for improvement outstanding at the previous inspection had been met with the remaining two being progressed which demonstrated a good capacity for improvement. The senior team also had good oversight of the overall service and this had promoted safe working practices and the protection of people being supported.

A wide range of robust checks and quality audits had been carried out to identify areas for improvement as well as acknowledging compliance with good practice. Audits had covered the aspects of the service that we would expect to see including accidents and incidents, medication, IPC, healthcare concerns and care planning. Weekly clinical risk meetings had reduced risks and promoted resident's health and wellbeing as well as ensuring good communication across the staff team. Action plans had been developed to inform and monitor the planned improvements. We suggested that the inclusion of outcomes linked to the Health and Social Care Standards (HSCS) would further enhance quality assurance processes and the evaluation of people's experiences.

Some of the action plans arising from meetings and quality audits were incomplete. Managers should ensure that action plans are monitored so that actions are completed within timescales.

It was positive to see some of the wider staff team involved in quality assurance activities with managers monitoring outcomes to maintain standards. This raises awareness of good practice, promoting responsibility and accountability across the staff team.

Since the last inspection, action had been taken to strengthen complaints management to ensure that prompt action would be taken to acknowledge and act on any concerns raised. The people we spoke with said they would feel comfortable discussing any issues as they had good relationships with staff. This meant that people could be confident they could express their views and be listened to.

A service development plan had been implemented to inform and prioritise the future direction of the service. One of the initiatives related to dementia care and related staff development with plans to review the impact of this learning in promoting positive experiences for people living with dementia.

Ongoing efforts should be made to strengthen the involvement of people experiencing care and their families with their needs and wishes being the primary drivers for change. This should be clearly evidenced and linked to the HSCS.

How good is our staff team?

4 - Good

We found important strengths that had a positive impact on people's experiences and outcomes, with some areas for improvement that would further enhance staff learning and support. We evaluated this key question as good.

People experiencing care should benefit from the right staffing levels and good team working that ensures personalised care and support is delivered in a consistent and responsive way. We concluded that residents and their families were able to have confidence in staff because they were knowledgeable, skilled and competent. We received positive feedback about the staff team and comments included:

'Staff are very attentive and kind.'

'They are all very nice to me and we have a wee laugh together - they brighten up my day.'

'Can't fault them - they look after (relative) really well.'

'Staff are all very kind and some of them are exceptional. I hope there is a career path for them as they have all the right skills and compassion.'

'Staff are very attentive and the care being provided is genuine - I can just tell it comes from the heart.'

We observed staff across all departments working well together in a supportive and respectful way that created a responsive, warm and calm atmosphere. We saw that residents were comfortable with staff, experiencing a good level of positive interaction. The staff we spoke to were motivated to provide positive outcomes and experiences for the people they cared for. Good communication, information sharing and reporting of any concerns to senior colleagues enabled the staff team to meet residents' needs effectively.

The recruitment of new staff had been well managed with the required checks in place prior to commencing employment. This protected people experiencing care. We saw that new staff undertook comprehensive induction training. This would be further improved by taking more of a phased approach as a lot of information and topics had been covered in a short amount of time as opposed to prioritising topics and completing over the three month induction period. Staff told us they felt well supported by colleagues and their management team and were clear about their roles and responsibilities.

The training programme was suited to meet the needs of people experiencing care and there had been a high level of compliance with mandatory and essential training. Systems were in place to record the training undertaken with an alert for refresher sessions. This prevented training from becoming overdue which can compromise staff practice.

Direct observations of staff practice are necessary to assess competency and compliance with good practice and the principles of the HSCS. These had been undertaken, managed and recorded to a good standard. This provides learning opportunities for staff where good practice and areas for improvement can be acknowledged and further reflected on during supervision meetings.

Staff supervision should result in better outcomes for people experiencing care. It should reflect a sense of planning and progression, reflection on practice and, by pooling skills, experience and knowledge, the aim should be to improve the skills and capability of individual staff and the team as a whole. Supervision meetings had taken place and staff were positive about the support this had provided. However, supervision meetings and minutes should be developed to reflect the aim of being a two-way process whereby staff are supported, motivated and helped to develop their skills, knowledge and practice. It should include reviewing workloads, setting clear, specific goals and expectations, celebrating achievements, reflecting on professional registration requirements and practice as well as identifying areas for improvement and learning/development opportunities. This would also help staff with renewing their professional registration. (See area for improvement 1).

It would be positive to see a stronger link between training, supervision meetings, the HSCS and professional codes of practice. This would help to raise and maintain awareness for the staff team, enabling them to reflect on the impact of their learning and practice in supporting positive outcomes for residents and their families.

Areas for improvement

1. The staff supervision process should be reviewed to include an enhanced focus on caseloads, training and development, goal setting, the Health and Social Care Standards and registration with the NMC/SSSC. More emphasis on reflective practice, where staff consider how their learning impacts on their practice and the aspects they could develop, should also be established.

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?

5 - Very Good

We found important strengths that had a significant, positive impact on people's experiences and outcomes. We evaluated this key question as very good.

People using care services should experience high quality facilities that meet their needs. We saw that the presentation of the home environment reflected a welcoming, comfortable and homely setting with plenty natural light. Decoration, fixtures and furnishings were of a good standard and bedrooms had been personalised which gave people a sense of ownership over their private space. Single bedrooms which all had en-suite showers afforded privacy. The residents and visitors we spoke with were all very complimentary about the quality of the home environment and whilst the care home had a warm and vibrant atmosphere, noise levels that could cause some residents to become anxious or distressed were low. Comments included:

'I think it's very impressive - like a nice hotel.'

'It's a beautiful home - really lovely and (relative) loves her room.'

'We've always found it to be spotlessly clean and everything (relative) needs is provided.'

'We saw a few places before choosing Templeton and it's by far the nicest home we saw.'

There was a choice of private and communal areas available where people could spend their time. This meant that people had space to come together or spend time alone if this was their choice. Access to verandas and a secure and attractively maintained garden was good, providing easy access to the outside space. Residents and family members told us they enjoyed spending time outdoors or getting involved with gardening activities. Residents also benefitted from very good facilities that included a library, a cinema room and a hair/beauty salon.

Housekeeping staff worked hard to maintain a clean and fresh environment. This helped to protect people from the risk of cross-infection as well as making the care home a pleasant environment to live in and visit. The provider continued to invest in the premises with refurbishment plans in place to address a few areas that were in need of attention.

Bedrooms, shared areas and corridors were spacious with equipment and adaptations tailored to meet resident's needs. This helped to promote independence and reduced the risk of falls.

Robust maintenance arrangements and a vigilant staff team meant that the setting offered security and safety from avoidable risks or harm. This had included the equipment used to meet the needs of residents.

How well is our care and support planned?

4 - Good

We found strengths that had a positive impact on people's experiences and outcomes, with some areas for development that would further enhance the quality of care and support planning. We evaluated this key question as good.

People using care services should benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. The personal plans we reviewed contained a good level of detailed information about people's needs and preferences. This showed that staff knew people well and evidenced consultation with residents and their families when compiling personal plans. This enables people being supported to lead and direct the development and review of their care and support plans in a meaningful way.

Risk assessments and associated care plans linked well and had been reviewed and updated regularly to reflect changes and people's current needs. Records showed that staff had liaised with external parties such as healthcare colleagues, reflecting their advice and the associated staff actions.

Personal plans should contain details about preferences, needs and support to maintain meaningful connections and relationships. We found that this had been managed well but staff needed to develop detailed care plans to clearly reflect people's needs and wishes regarding support to maintain meaningful connections with those important to them. We directed the manager to the meaningful connections resources on the Care Inspectorate website to inform and support staff.

Taking a strengths-based approach to care planning recognises people's abilities and promotes independence. We saw good examples of care planning that reflected this with positive, person-centred information recorded. Detailed 'one page profiles' emphasised the positive qualities that people appreciated about individual residents, what was important to residents and key information about meeting support needs.

We identified some inconsistencies regarding the quality of care and support planning and action should be taken to ensure that all records are fully completed with outcome focussed evaluations that reflect people's experiences. This enables staff to review the impact of planned care and support interventions in meeting people's needs.

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 ensure that people are supported by a skilled and knowledgeable workforce, the provider should ensure that all staff have access to dementia care training in line with the Promoting Excellence framework for dementia care.

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 area for improvement was made on 5 September 2022.

Action taken since then

A dementia care initiative was about to commence with a focus on staff learning. Four staff had already completed training to the enhanced level of the Promoting Excellence Framework to enable them to cascade training to the staff team. The initial focus of the initiative related to pro-active and preventative measures for the management of stress and distress. This area for improvement had been met.

Previous area for improvement 2

The provider should ensure that medication is managed safely and in line with best practice guidance. In order to do this, the provider should ensure the following:

- Clear protocols are developed to guide staff regarding medication prescribed to be administered 'as needed'.
- Medication prescribed to be administered 'as needed' is regularly reviewed
- Topical medication is managed in line with current best guidance practice.
- Records of the administration of topical medication are completed in line with current best practice.

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 that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 5 September 2022.

Action taken since then

There had been training for staff with protocols put in place for all 'as required' medication. This aspect of the area for improvement had been met.

Topical medication records had not been well completed and we continued this as an area for improvement.

Previous area for improvement 3

The provider should ensure that all records about residents' care and support set out how the health, welfare and safety needs of the individual are to be managed and met.

In order to do this, the provider should ensure the following:

- Personal plans are accurate, sufficiently detailed and reflect the care planned and provided.
- The quality and accuracy of records detail the management of health care needs such as the management of stress and distress.
- Personal plans fully reflect the advice from healthcare professionals.
- Personal plans reflect individuals' choices and preferences and support a person-centred approach.
- Evaluations are outcome focussed and reflective of how effective the planned care had been in promoting positive choices.
- Provide training so that staff are aware of their responsibility in maintaining accurate records, retaining records and following best practice guidance.

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).

This area for improvement was made on 5 September 2022.

Action taken since then

There had been a good focus on improving the quality of personal plans and this was demonstrated in the records we reviewed. This area for improvement had been met.

Previous area for improvement 4

To ensure that quality assurance systems effectively drive development and improvement of the service, the provider should do the following:

- Review the content of quality audits to monitor medication management, care planning and the standards of cleanliness of the environment and equipment.
- Ensure quality assurance systems are used to continually evaluate and monitor service provision to inform improvement and development of the service.
- Ensure that actions taken are reviewed to demonstrate that they effectively improve outcomes for service users.

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 area for improvement was made on 5 September 2022.

Action taken since then

Robust quality assurance procedures had informed and supported improvement. This area for improvement had been met.

Previous area for improvement 5

To ensure that people are supported by a knowledgeable competent staff team, the provider should do the following:

- Review the format of staff supervision to include discussions about learning and development needs to inform training plans.
- Ensure that supervisors have training to ensure they understand how to carry out effective supervision sessions.
- Implement a system of direct observations of staff practice to assure competence.

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); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 5 September 2022.

Action taken since then

Direct observations of staff practice had been carried out to a good standard.

We continued an area for improvement regarding staff supervision meetings.

Previous area for improvement 6

The manager should ensure people who are nearing the end of their life are fully supported and monitored for signs of deterioration.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' HSCS (1.23)
4 august.

This area for improvement was made on 4 August 2022.

Action taken since then

End of life care had been well managed and an end of life pathway was in the process of being introduced along with training for staff. This area for improvement had been met.

Previous area for improvement 7

To ensure people's nutrition needs are met the provider should ensure:

- a) individuals food preferences and requirements are observed in line with people's recorded needs;
- b) information is shared and regularly updated with kitchen staff;
- c) that care plans are reviewed in response to observed changes in people's nutrition intake;
- d) advice and guidance from external health professionals is integrated within the care plan;
- e) weight monitoring is completed in accordance with individual support needs.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

This area for improvement was made on 11 May 2023.

Action taken since then

Food and nutrition had been well managed with close monitoring in place where concerns had been identified. This area for improvement had been met.

Previous area for improvement 8

To ensure complaints are managed effectively, the provider should ensure all complaints are recorded and fully investigated in accordance with their own complaints policy and procedure.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

This area for improvement was made on 11 May 2023.

Action taken since then

Complaints management had been reviewed with processes in place to ensure any complaints received would be responded to and managed appropriately. This area for improvement had been met.

Previous area for improvement 9

For the safety and wellbeing of people experiencing care, the provider should ensure that where appropriate, they consult and evidence when family and legal representatives have been involved in developing and agreeing the care plan.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 11 May 2023.

Action taken since then

There was evidence of consultation in the records we reviewed and people told us that staff had involved them in the development of personal plans. This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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