

# Templeton House Care Home Service

Racecourse Road  
Ayr  
KA7 2UY

Telephone: 01292 291 232

**Type of inspection:**  
Unannounced

**Completed on:**  
11 June 2024

**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 very 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 5, 6 and 11 June 2024 between the hours of 6am and 6pm. The inspection was carried out by two inspectors from the Care Inspectorate who were accompanied by an inspection volunteer.

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 14 people using the service and eight of their relatives;
- reviewed 16 satisfaction surveys returned by relatives;
- spoke with 30 staff and management;
- reviewed 14 satisfaction surveys returned by staff;
- observed practice and daily life;
- reviewed documents;
- reviewed one satisfaction survey submitted by a visiting professional.

## Key messages

Effective leadership promoted a culture of continuous improvement.

Residents' physical and mental health needs benefitted from their care and support and opportunities to be involved in a wide ranging and creative programme of activities had impacted positively on wellbeing.

Staff supported residents to maintain relationships that were important to them as well as promoting opportunities to be connected to the local community.

Staff were skilled and knowledgeable and staffing provision had been well managed. Leaders took action to promote staff wellbeing and good teamworking benefitted people experiencing care.

Skilled personal planning informed support tailored to people's individual needs.

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very 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 major strengths that had a positive impact on people's experiences and outcomes. We evaluated this key question as very good.

The residents and relatives we spoke with told us they had confidence in the knowledge, skills and practice of the staff team. People felt that healthcare needs had been well managed, commenting:

'Complete confidence - I can relax now (relative) is here and well cared for'.

'Mum has health issues and the staff are quick to pick up on any deterioration and act quickly. They know our mum'.

'Templeton have given my father a safe haven. There is no way he'd have this quality of life, or maybe even be alive, had he not chosen Templeton to move in to'.

'When I took a bit of a dip recently, they (staff) were very attentive'.

Residents' physical and mental healthcare needs had been assessed, monitored and reviewed on a regular basis by skilled and knowledgeable staff who were familiar to them. Risk assessments had been closely monitored with staff reflecting detailed evaluations where scores had changed to reflect increased levels of risk. Care plans had been developed in response to people's identified needs with the interventions we would expect to see being implemented. Additional support had been put in place where risks had been identified with evidence of preventative measures to reduce these. We found evidence of positive healthcare outcomes that included stabilising weight loss, preventing skin damage and improved mental health.

In our discussions with staff, it was clear that they knew individual residents well. This had enabled them to recognise any health related concerns quickly. We saw staff had escalated their concerns to senior colleagues or to the relevant external healthcare professionals, taking the necessary actions and following the advice given. This vigilance, and the good working relationships staff had developed with community healthcare colleagues meant that people had experienced treatments and interventions that had been safe and effective. Managing concerns like this at an early stage helps to reduce symptoms and enables people to recover more quickly when they become unwell.

Robust clinical audits had enabled senior staff to monitor key areas of risk for individual residents, maximising health and wellbeing through a team approach to risk reduction. Good shift handovers and the informative daily 'flash' meetings had supported good communication across the staff team with key information being shared, acted on and reviewed.

Supporting people experiencing care to be as active as possible and offering daily opportunities to participate in a range of recreational activities both indoors and outdoors promotes wellbeing and enables people to get the most out of life. Staff understood the importance of meaningful activity and occupation, delivering a wide range of creative, enjoyable and beneficial activities, including physical activities and exercise. Ground floor bedrooms opened onto the large, well maintained garden and we observed residents enjoying using this space. Residents on the upper floor told us they enjoyed the access to the balcony area where they liked to sit in the fresh air.

Action had been taken since the last inspection to review and improve medication management. Enhanced checking procedures and senior staff oversight had supported good practice. We found that the action taken had informed and enabled staff to provide support that ensured people received the right medicines at the right time. This helped to keep people safe and well. It was also positive to see that staff had supported residents in ways that minimised the use of medicines that can have unwanted side effects, with detailed and robust protocols in place for the use of psycho-active and 'as required' medicines prescribed to manage stress and distress.

Staff valued the contribution good food and fluid management makes to people's health and wellbeing. Residents told us they enjoyed the food and we observed positive, relaxed and supportive mealtime experiences. Staff had a good awareness of residents' nutritional needs and preferences and shared information about dietary needs and changes with their catering colleagues. Menus offered a good variety each day with ample, good quality food, drinks and snacks available throughout the day and overnight if required. We saw that concerns had been closely monitored with staff pro-actively supporting residents to maximise their food and fluid intake and keeping detailed records.

We observed high standards of hygiene and cleanliness throughout the care home, delivered by a skilled housekeeping team. Well established infection prevention and control (IPC) measures had been monitored via the daily walk-rounds and the wider quality assurance checks and audits. Staff had a good awareness of IPC procedures in line with current guidance and demonstrated this in their practice which helped to protect people from the risk of infection.

## How good is our leadership?

**5 - Very Good**

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

Skilled and collaborative leadership had a positive impact on staff and created a shared ambition to drive forward continuous improvement. The manager, heads of departments and staff teams met regularly and demonstrated respectful ways of working together in a supportive environment. This supported effective communication and created a positive atmosphere in the service.

A relative commented: 'The home is very welcoming. Throughout the home there is a calmness, staff greet you on arrival, smiling and chatty. There is a feeling of team work'.

The staff we spoke with said they felt well supported and valued commenting: 'It's a great place to work now, probably in the best place we've been, and I've worked here a long time. (Manager) is really approachable and supportive'.

'We have a good wee team in this unit and we all support each other. We have good days and bad but we all help each other through the more challenging times. Staffing for the most part is good and we have time to sit and chat with folk which is nice for us and the residents'.

'Manager makes a point of seeing us (night staff) regularly - I doubt many make the effort - it's appreciated'.

The 'open door' approach taken by the manager had encouraged and enabled staff to share ideas, concerns

and any issues with their work/life balance. The manager demonstrated clear concern for staff wellbeing which impacts positively on staff and residents.

Effective decisions about staffing resources resulted in residents receiving the care and support they needed in a timely manner. This meant that staff were able to support residents to the high standards expected of them. Clear lines of responsibility and professional accountability meant that staff were aware of the scope of their individual roles, promoting effective team working and good outcomes for people.

The skills, knowledge and expertise within the staff team had been acknowledged and appreciated, allowing staff to lead within their own areas. The manager had also shared ownership of some quality assurance audits as well as supporting the current development of dementia and oral care champions informed by relevant training and support. The development of additional champions was planned. This offers a good opportunity for staff development and a means of keeping up to date with good practice and initiatives that can be shared across the wider staff team. We look forward to seeing the full impact of these roles on outcomes for people at future inspections.

## How good is our staff team?

5 - Very Good

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

The people we spoke to expressed confidence in staff who were familiar to them and said they had developed positive relationships.

Comments included:

'(Senior carer) is one of the best, she is such a caring wonderful person. Her team are excellent and work well together'.

'I have been getting to know the staff better each time I visit and have found all of the staff extremely kind and helpful...(relative's) care team has worked hard to organise a routine that suits him and keeps him content'.

'Pleased to see care is so considerate when needed but also that time to self is respected by staff'.

'(Relative) is so much more sociable than she was, and this is down to staff being respectful of her wishes at the beginning but encouraging gently'.

'I don't know the collective noun for a group of Angels, but that's what I'd put if I did!!'

We found that there was a responsive assessment process in place that delivered the right number, skill mix and deployment of staff to meet residents' care and support needs. Using a process of continuous assessment, the manager had implemented the new staffing method framework to consider and link the various aspects of workforce and workload planning that deliver positive outcomes for people and impact on supporting the wellbeing of staff. This holistic overview should be shared with staff in an open and transparent way, so they have a clear understanding of the multifactorial and outcome focussed approach to staffing.

Staff had clearly defined roles and responsibilities and we saw that staff across all departments worked

flexibly, communicating effectively and supporting each other to work as a team to benefit people. These positive working relationships created a good atmosphere in the care home. We observed staff providing warm, responsive and compassionate care to residents throughout our visit. We saw that residents experienced a good level of interaction with staff throughout the day outwith care and support interventions. This meant that staff were not focussed solely on tasks, understanding the importance of, and being able to spend quality time with residents on a 1-1 basis.

The staff we spoke with told us that they felt well supported by the management team and their colleagues. Managers demonstrated concern for staff wellbeing and their work/life balance with a range of meaningful initiatives in place to acknowledge, support and appreciate staff. This had included a staff self-care week, the 'glad to care' week, thank you postcards and badges and the employee of the month. Reflective reviews at the end of each shift, responsive absence management and exit interview were some of the measures in place to support staff and reduce staff turnover. This helps to provide continuity for residents and their families.

Safe recruitment practices had protected residents and a planned induction period supported new staff to settle into their role. Staff told us that they received good training. We saw that the training undertaken by staff was suited to meet the needs of residents and there had been a good level of compliance. This meant that staff had the necessary knowledge and skills. It was positive to see instances where specific training had been undertaken to align with current events in the home, for example, increased IPC training following an outbreak of infection. Systems were in place to record the training undertaken and close monitoring prevented training from becoming overdue which can compromise staff practice.

Regular supervision meetings provided staff with opportunities to discuss their learning and development needs. The manager had reviewed the supervision format to make it more meaningful, adding in achievements, values for reflection and a focus on staff qualities and performance. However, the completion of these records was variable. It would be positive to see a stronger link between training, the Health and Social Care Standards and professional codes of practice. This would help staff to connect their training to practice, enabling them to better reflect on the impact of their learning in supporting positive outcomes for residents and their families.

## How good is our setting?

### 4 - Good

We found important strengths that had a positive impact on people's experiences and outcomes, clearly outweighing areas for improvement. We evaluated this key question as good.

Opportunities for meaningful contact with loved ones, and support to maintain relationships is important to people experiencing care, and their families. The people we spoke to told us how staff had helped them to remain connected in a range of ways that suited them. We observed a welcoming culture and saw staff warmly welcoming relatives into the care home. People told us they had developed positive relationships with staff and had become familiar with other residents and their family members, agreeing that the care home had a homely sense of community and belonging. People benefitted from safe, well maintained and high quality facilities that afforded them privacy as well as attractive and well-appointed shared areas used for smaller groups or larger functions.

People said:

'Homely environment, great outdoor space to sit and get fresh air. Mum enjoys the dog visits'.

'The setting is very good and has a lovely big garden that can be used when the weather is suitable'.

'My dad has engaged well in activities which helps his wellbeing'.

Procedures were in place to continue to support contact and visits during any restrictions, such as outbreaks of infection. This is good practice and reduces the risk of distress or loneliness associated with separation from loved ones. Relatives told us how they appreciated regular updates about events and other news about what was happening in the care home via the Facebook page, the newsletter and good communication with staff.

It was positive to see that activities staff had delivered a wide range of home based events that enabled residents to come together and enjoy activities that promoted social connections and developing friendships. In addition, people experiencing care should be connected to, and involved in the wider community, and the care home was well located to facilitate this. Residents benefitted from the service having a minibus and a service car. There had been regular trips to places of interest and opportunities to participate in a range of community based activities.

Staff understood the importance of people having meaningful links with the local community. The assessment process sought information about existing community links and interests but this had not been completed in the records we reviewed. This was a missed opportunity to support community connections from the outset. To maximise opportunities that promote a sense of belonging and worth, staff should continue to explore and promote opportunities for people experiencing care to remain connected to and involved in the wider community.

## How well is our care and support planned?

**5 - Very Good**

We found major strengths that had a positive impact on people's experiences and outcomes. We evaluated this key question as very 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. Overall, the personal plans we reviewed reflected skilled care and support planning with records reflecting a highly detailed level of information about residents' needs, preferences and personal choices. Responsive actions had been recorded by knowledgeable staff who knew residents well.

Residents benefitted from personal plans that had been reviewed and updated regularly, involving the relevant professionals in response to individual needs. This meant that the care and support being delivered responded to residents' current needs. Staff are to be commended for the detailed and person centred care plans developed for the management of stress and distress, informing staff how to deliver compassionate and tailored support. Risk assessments and associated care plans linked well together and we found these records to be consistent and accurate.

It was positive to see that, in addition to support needs, staff had adopted a strength-based approach that reflected people's abilities and the promotion of independence in most of the personal plans we reviewed. Action should be taken to extend this to all personal plans with evaluations and reviews consistently capturing people's outcomes and experiences to evidence the impact and effectiveness of planned care.

Personal plans should contain details about preferences, needs and support to maintain meaningful



connections and relationships. We found that this had been well managed. People's needs and wishes regarding support to maintain meaningful connections with those important to them had been recorded in their personal plan, including named visitors in the event of any restrictions.

We saw evidence that staff had consulted residents and their families when developing personal plans and the people we spoke to confirmed this. Staff should continue to clearly reflect partnership working with people experiencing care when developing these records using a range of methods. This enables people being supported to lead and direct the development and review of their care and support plans in a meaningful way.

Revised anticipatory care plans were in the process of being rolled out to capture people's future wishes and where appropriate, those of their relatives. This is to ensure that people are supported to live well right to the end of their life, including their preferred place of care. We will review this at the next inspection.

## 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

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).

'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

Improvements to medication management reflected good practice.

This area for improvement had been met.

#### Previous area for improvement 2

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).

**This area for improvement was made on 5 September 2022.**

**Action taken since then**

The supervision process had been reviewed and improved with some areas for continued development.

This area for improvement had been met.

**Previous area for improvement 3**

Staff should ensure that when someone who is experiencing care is refusing food and fluids that they keep complete and accurate records of everything they eat and drink during their time in the home. Staff should record what strategies they have tried and what worked well. Staff should explore what food and drinks might be offered that an individual particularly likes and would take.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19).

**This area for improvement was made on 28 September 2023.**

**Action taken since then**

Food and fluid management reflected good practice and supplementary charts had been well completed.

This area for improvement had been met.

**Previous area for improvement 4**

Staff should ensure that they keep accurate records of the wellbeing of people who are experiencing care. This is to ensure that relatives are provided with an accurate account of how their relative has been in the home. Families and representatives should be kept up to date with how their relative is and given opportunity to support and advise staff when needed.

This is to ensure care and support is consistent with Health and Social Care Standard (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).

**This area for improvement was made on 28 September 2023.**

**Action taken since then**

Personal plans had been well completed with evidence of family involvement.

This area for improvement had been met.

**Previous area for improvement 5**

Where someone who is experiencing care has monitoring and recording sheets, in this case bowel charts, staff must ensure that these are fully completed, accurate and up to date.

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

'My care and support meets my needs and is right for me.' (HSCS 1.19)

**This area for improvement was made on 28 September 2023.**

### Action taken since then

Supplementary charts had been well completed.

This area for improvement had been met.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.4 Staff are led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.3 People can be connected and involved in the wider community	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.