

# Templeton House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
30 September 2021

**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 for a maximum of 69 older people with a physical/sensory difficulty and/or memory impairment/dementia. The provider of the service is Windyhall Care Home LLP. The service was registered in March 2015. There were 57 people resident in the home at the time of this inspection. Two people were receiving care in hospital.

Resident accommodation is over three floors; the garden level, the ground floor at street level, which includes the main entrance and first floor. The first floor areas contain the catering department, staff area and additional office space.

The home has a large, well-maintained landscaped garden to the rear which is secure. There is parking, including disabled parking, to the front. The home has two lifts and disabled access to all areas. Service users have 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 are a choice of lounges and dining areas throughout. Facilities include a cinema room, library, piano bar, hairdressing and beauty salon. The premises are environmentally of a very good standard and enable people to maintain independence.

The provider's aim is '...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.'

There has been recent changes in the management structure at Templeton House, with new processes being introduced. We also included as part of this inspection key question "How good is our leadership?" in addition to other key areas.

## What people told us

We spoke with nine residents during our inspection. People told us they were happy with their care provision and spoke highly of the staff. We received mixed views with regard to the food quality and choices available.

We gathered the views of 14 relatives during our inspection, most of whom were contacted by telephone. Overall, comments were positive around visiting and keeping in touch. People praised the staff for their commitment, hard work and compassion shown to residents in their care. Everyone thought the home was clean and fresh. Some relatives were concerned about the inconsistency of staffing and managers, and buzzers taking long periods of time to be answered. Comments we received about meaningful activity provided was mixed. Concerns were raised that activity was not always being undertaken, in particular, for people who remained in their rooms. Communication from the staff was good, however we heard it was not always the nominated family member that was contacted.

## 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?	3 - Adequate
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How good is our leadership?	2 - Weak
How well is our care and support planned?	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**3 - Adequate**

We observed staff supporting residents with kindness and patience. Relatives told us that staff had been "brilliant" when caring for their loved ones during end of life care and had been communicative and compassionate. People living with dementia and displaying stress and distress were also supported in a manner that provided comfort and reassurance.

The ambition of the Scottish Government guidance 'Open with Care' is to maximise meaningful contact between people living in care homes and those important to them. We noted that people received visitors regularly without time restrictions, and some residents were able to enjoy outings alongside their family members. Telephone calls and technology were also used to make sure people remained in contact with friends and family. We did hear however, there could be difficulties with using technology due to poor wi-fi signal in various areas of the home. We asked that the management team continue to support good communication opportunities for those who relied on these methods.

On the first day of our visit we noted little in the way of meaningful activity being provided for people, however this had improved on the second day we were there. The staff team worked enthusiastically with residents and encouraged participation and fun. The service has nominated activity staff, however all care staff are expected to provide meaningful structure on a day to day basis. Staff told us they do not always have opportunities to do this out with care led tasks.

We heard concerns from some relatives that people in their rooms may not have the same opportunities to be included in the activities on offer. Information in care plans was well recorded regarding people's interests and what was important to them. However, it was not clearly evidenced in other records or reviews how people were actually spending their day, and what was in place for people who were unable to participate in group activity. This meant there was the potential for some people to become socially isolated. Being able to live an active life and participate in a range of activities that offer social connection, a sense of purpose, fulfilment and improved physical health is essential to maintain wellbeing. **(See area for improvement 1).**

We saw good assessments in place to support nutrition, falls and continence. However, in discussion with staff we heard that continence products could run out for people prior to the ordering of the monthly supplies. We have asked for this process to be more robust to ensure everyone has what they need. **(See area for improvement 2.)**

Staff training records evidenced they had the necessary and up to date skills and knowledge to support people they cared for. Some relatives told us they were concerned about the inconsistency of staff and, at times, the nurse call bell taking a long time to answer. We also heard the call bells throughout our inspection and at times, for extended periods. Prolonged noise can result in stress for people who live with dementia. We have asked the management team to look into this. **(See area for improvement 3.)**

## Areas for improvement

1. The provider should evidence how information in care plans with regard to 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 that state "I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

2. People's dignity must not be compromised. The provider should review the processes in place to ensure continence products do not run out for people who are assessed as requiring these.

This is to ensure that care and support is consistent with the health and social care standards that state "My care and support meets my needs and is right for me." (HSCS 1.19)

3. The management team should ensure the nurse call bell system operates in a way that is not impacting on the lives of people living in the home.

This is to ensure that care and support is consistent with the health and social care standards that state "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." (HCSC 5.18)

## How good is our leadership?

2 - Weak

The management team structure has changed recently with a relatively new manager and deputy being appointed.

It was clear the service had oversight of people's health needs and the response that was needed. However, it was not clear how this information was shared and communicated with key staff throughout the home, and what areas of responsibility was delegated to members of the staff team. Staff told us that changes in processes have been frequent, difficult at times to keep up to date with and not all staff are confident about what is expected of them. For example, we heard that the housekeeping team had previously been tasked with checking mattresses, then this was changed to the care staff to undertake. Some staff were unsure of the current arrangements. A clear line of responsibility, delegation and accountability should be evidenced. **(See requirement 1).**

People who receive care and support should be actively encouraged to be involved in improving the service they use. We were not able to see evidence of how the service obtained the views of residents, relatives and staff with regard to service delivery and improvement. We did not see how any overall development plan would take forward any identified actions or improvements that would support learning for both staff and the service. **(See requirement 1).**

In discussion with staff, we heard there was a lack of opportunities for their views to be heard, or to discuss any pressures of work. Staff should receive supervision or other meetings to discuss their role, duties and concerns and feedback used to drive change and improvement where necessary. **(See area for improvement 1).**

Key audits were in place for infection prevention and control, skin care, nutrition and care plans that had recently been undertaken. We identified that the medication audits were not as robust as we would expect, with the last full audit being undertaken by the pharmacy supplier over six months ago. The audit sample since then for medication was minimal. It is important that "as required" medication, stock count and the assurance of correct medication is being administered to people and that systems are in place to monitor this to keep people safe and well. **(See requirement 2).**

We followed up with the management team previous adverse incidents that had been reported to the Care Inspectorate. Due to changes in the management structure, we had not been updated as to the responsive action we would expect the service to take. We were provided with some information during the inspection. Robust systems should be in place for management to update the Care Inspectorate in accordance with the guidance with regard to the reporting process. **(See area for improvement 2).**

We looked at how the deployment of staff are utilised within the home. The service tried hard to demonstrate care hours people need alongside other indirect care such as meetings, training and reviews that also added time to the role of staff within an average working month. We identified from records held regarding the needs of people that current care hours was most likely to be underestimated. This was because the environment, fluctuating health needs and social interaction was not considered. Staff and relatives provided feedback that suggested that staff at times can be overwhelmed with care provision leaving little time for meaningful activity with residents. **(See area for improvement 3).**

We looked at a concern raised with the management team. It was reassuring to see that this had been responded to quickly, effectively and good communication with family was in place who were fully satisfied with the action taken to resolve the concerns.

## Requirements

1. The provider must ensure that the service has quality assurance systems in place to ensure that the home is providing an effective service to residents. To achieve this, the provider should undertake the following by 15 January 2022;

- (a) Gather and consider the views of residents, relatives and key professionals involved with the service to enhance learning and inform a development plan;
- (b) Communication within the staffing structure should improve to support current processes and quality assurance. The management team should consider wider delegation of roles within the staff team in specific areas of care and ensure all staff are clear about their duties and responsibilities

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

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve." (HSCS 4.8)

2. In order to provide a safe and effect 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 pyschoactive medication

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

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## Areas for improvement

1. 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 which state: "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)

2. 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 which state: "I benefit from different organisations working together and sharing information about me promptly where appropriate." (HSCS 4.18)

3. The provider should demonstrate more holistically how staff resources are calculated to meet the needs of people. 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 which state: "My needs are met b the right number of people." (HSCS 3.15)

## How well is our care and support planned?

**3 - Adequate**

We found improvements had been made since our last inspection in this area. Planned care and the support of external health professionals is highlighted in our report under "How good is our care and support during the Covid-19 pandemic?" We have changed the grade to reflect this.

## How good is our care and support during the COVID-19 pandemic?

**3 - Adequate**

We found the home to be clean and fresh in all areas. A robust system was in place for visitors and visiting professionals regarding testing, PPE and other procedures in line with Scottish Government guidance. This provided assurance that people were protected and kept safe.

We were satisfied that housekeeping staff were knowledgeable about the tasks that were expected of them, this included enhanced cleaning regimes, and use of recommended cleaning products. Records in place regarding cleaning were of a good standard, and regular environmental spot checks were carried out. The systematic measures implemented helped to minimise the risk of cross infection in different areas of the home environment, including the laundry where linen was being managed safely.

There were enough bins and disposal areas throughout the home. The service should ensure that no outside bins overflow. The service should promote windows being open at periods of the day to allow fresh air to circulate, in particular, when units become too warm.

We saw PPE being used correctly, and staff had access to what they needed throughout different areas of the home. Staff training records highlighted that staff were knowledgeable about infection prevention and control procedures.

Care plans were recorded to a good standard. We could see regular involvement from other health care professionals where required, and relatives told us that communication from staff was good, in particular, when people's health needs changed. Risk assessments were up to date, and reviews of people's care was also to a good standard. This told us that people's health needs were being monitored and responded to.

We heard from housekeeping staff they were supporting care staff during periods of sick leave, and that at times one nurse has been on duty instead of two. We also noted the additional cleaning regimes for housekeeping staff, alongside absence and holiday leave meant that a conflict of priorities could arise within the different staff teams.

It is clear that the service have worked hard to try and ensure that there are enough staff on duty to meet the needs of people, and care staff and housekeeping staff frequently work additional hours when absence is high. We also acknowledge current pressures with recruitment providers are facing. However, our concern is that this will not be sustainable and could impact on the care provision for people should any further absence occur. An example of this was on the first day of our inspection, activity staff were asked to support care staff and this meant that residents did not have any organised or meaningful structure to their day.

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

### Requirements

#### Requirement 1

The provider and manager must introduce a clear structure of authority and accountability for the day-to-day management of the care home. The line management structure must take account of shared and delegated roles and responsibilities, improved communication between departments, supervisory roles, quality assurance processes and outcomes for people using the service.

This is in order to comply with: SSI 2011/210 Regulation 3 - Principles.

**This requirement was made on 23 September 2019.**

#### Action taken on previous requirement

The current management structure has recently been put in place, with the new appointments of manager and deputy. There are also team leaders and nurses within this structure and this element of this requirement has been met. However, we did not see evidence of clear, delegated roles and responsibilities within the staff team. Other roles for staff could include delegation of particular areas of care, such as skin, falls, nutrition and medication that would also support and enhance the team structure. Some staff members were unclear of some of the processes or what was expected of them. At times, we heard communication between departments was strained. This requirement is not repeated. We have addressed our current findings in our report. **(See requirement 1).**

#### Not met

#### Requirement 2

The provider must ensure that the approach to quality assurance is reviewed and improved to establish robust monitoring processes informed by evidence based good practice and a strong focus on personal outcomes, using learning effectively to improve the service for people experiencing care. This should include the promotion of health and wellbeing to support managers to have a clear overview of resident's health status.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010) Regulation 3 - Principles; Regulation 4(1)(a) - Welfare of users.

This requirement was made on 23 September 2019.



This requirement was made on 23 September 2019.

#### Action taken on previous requirement

We saw that quality assurance was in place for key areas of the home. We were concerned about the lack of information and infrequent medication audits that were not as detailed and robust as we would expect. We also did not see evidence of how the views of residents, staff or relatives were taken into account to inform learning and improvement. This requirement is not repeated. We have addressed our current findings in our report. (See requirement 2).

Not met

## 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 the provision of quality care and support, to people who live with dementia, the service should devise a specific dementia improvement strategy based on best practice guidance. This should take account of the skills of the staff, meaningful recreational activity, and the care home environment. Residents, relatives and staff should be involved in the development of this.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "My care and support meets my needs and is right for me." (HSCS1.19)

This area for improvement was made on 23 September 2019.

#### Action taken since then

Staff told us of their learning with regard to supporting people with dementia, and we saw from training records that this area had been addressed. This area for improvement has been met.

#### Previous area for improvement 2

The named nurse/keyworker system should be developed to ensure that residents' care plans are fully implemented, and that staff have the time and support to discharge their responsibilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

This area for improvement was made on 23 September 2019.

#### Action taken since then

We noted from reviews and heard from staff that a keyworker system had been developed. This area for improvement has been met.

## 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).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's outcomes and wishes	3 - Adequate
How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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