

Templeton House Care Home Service

Racecourse Road
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Type of inspection: Unannounced
Inspection completed on: 14 November 2017

Service provided by:
Windyhall Care Home LLP

Service provider number:
SP2013012160

Care service number:
CS2013320489

About the service

This service registered with the Care Inspectorate on 23 March 2015.

Templeton House is a purpose-built care home located close to the amenities of Ayr town centre. The service has capacity for 69 older people and was registered in March 2015.

Resident accommodation is over three floors. The garden level, the ground floor at street level, which includes the main entrance and first floor. The top floor areas are located in two separate sites at either end of the front of the home. One contains the catering department and the other the staff area and additional office space.

The home has a large landscaped garden to the rear which is secure. There is parking, including disabled parking, to the front.

Internally the home has two lifts and disabled access to all areas. Each of the service user areas has 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, a cinema room, library, piano bar, hairdressing and beauty salon.

The care service was finished to a very high specification throughout.

At the time of the inspection there were 53 service users occupying the garden and ground floor levels. The first floor was occupied by a small number of individuals.

The providers stated aims and objectives were as follows:

"Our 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".

Objectives:

- To recognise that when persons choose to live in a care home the potential exists for them to renounce a certain degree of their independence and to act on this to preserve and assist the service users to exercise their optimum level of this right
- To support service users in maintaining their inherent standards, through choices, during their day-to-day life
- To endeavour, as far as is practicable, to ensure that the service users maintain their citizen's rights within society
- To promote and assist service users in realising their personal aspirations and abilities
- To welcome the diversity of people who have chosen to live in Templeton House
- To foster feelings of safety by employing staff that are committed to maximizing service users' choices, control and participation
- To strive to seek the opinion of the service users and applicable others to continuously provide the highest quality of care.

What people told us

During our inspection we spoke with 10 residents and the relatives/friends of 4 residents. Overall, most comments about the care within Templeton House were positive.

All residents expressed satisfaction in the quality and presentation of the care home environment. It was described as "a home-from-home" and "a five-star hotel".

We met a resident who was supported to maintain a previous occupation/area of interest. We heard that the garden area had been enjoyed in the summer. Some residents also spoke about the homes pets which included a rabbit, chicken and rats.

Residents were complimentary about the new chef and the quality of the meals and snacks. We heard about taster sessions the chef arranged to support people to be more involved in menu planning. Residents confirmed that alternatives outwith the planned menu options were available.

Residents spoke well of the staff team overall. However, one resident felt that staffing could be better organised. It was their experience that when they used the call facility staff told them they would be back to deal with their request and did not return. They also felt that a specific dietary need was consistently overlooked. We raised this with the management.

One service user complained to us about the length of time they had been waiting for assistance from staff to support them with their morning routine. We discussed this with the manager.

We asked the service to distribute care standards questionnaires. Four service users returned care standards questionnaires. They all agreed that overall, they were happy with the quality of care. Six were returned by relatives/friends. They also indicated that overall they were happy with the quality of care their friend/relative received. Returned questionnaires highlighted the following responses:

- one respondent disagreed that staff treated them politely at all times
- two respondents disagreed that the staff knew their dislikes and preferences and do what they can to meet them
- three respondents disagreed that there are enough trained and skilled staff on at any point in time
- one responded disagreed that their privacy was respected by staff and other residents.

The following additional comments were made:

"Although I don't know if my relative has a named key worker this does not concern me as it is obvious that all nurses and staff who are regulars (as opposed to temporary cover staff) are well aware of my relatives needs/likes and dislikes."

"The staff are very good with clients and their relatives and friends. Meals are good. Activities are very good and stimulation encouraged."

"Since my dad has been in Templeton House I have been very happy with the care he has received. Staff treat him with respect & almost like one of their own family. Whenever I call staff go out of their way to get the phone to my dad and likewise when he wants to speak to me, they call me."

"Templeton House is like a five-star hotel. Excellent facilities and lovely kept property."

"quality is very good" Since I came here I have been very satisfied and have yet to meet a carer who has been disrespectful."

"I would like opportunities to go out on a regular basis for shopping trips, lunch coffee walks without restrictions."

"Excellent!"

"I would like my relative to be taken out more on trips outside the Home."

"The carers give you full support and have been splendid. The quality [environment] is very good and if I needed anything I could ask any member of staff. I think the service is very good and if I wanted anything changed I could say to any of the girls."

Self assessment

The provider was not asked to submit a self-assessment. The manager had produced an updated development plan. This identified areas of priority.

From this inspection we graded this service as:

Quality of care and support	not assessed
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

Quality of care and support

This quality theme was not assessed.

Quality of environment

This quality theme was not assessed.

Quality of staffing

This quality theme was not assessed.

Quality of management and leadership

Findings from the inspection

This quality theme was not examined in full.

Observations made during the inspection together with feedback from staff and service users highlighted that the management required to review the numbers and deployment of staff on duty.

We found staff had difficulty in meeting the demands of the morning routine and responding to the nurse call alert system. Medication administration and care routines were not completed until lunchtime on the second day of our inspection. We were concerned that this did not always reflect people's choice.

During the inspection staff worked below expected numbers on a night duty shift and a morning shift. We expressed concern about this as a staff member had been allocated an office day. It is our view that to improve outcomes for individuals this should have been reviewed.

The management discussed proposed admissions to the service over the coming weeks. A number of staff had been recruited in accordance with the projected increase in occupancy levels. We spoke with the newly appointed regional manager about the need to review staffing skill mix and deployment in order that the staffing model in place supports positive outcomes for individuals.
(See recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To promote choice and positive outcomes for people who experience care, the provider must review the numbers and way in which staff are deployed within the service. Observational based quality assurance and monitoring should be used to inform the deployment of staff.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

Grade: 4 - good

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

Previous requirements

Requirement 1

The provider must improve monitoring and record keeping in relation to service users nutrition and hydration.

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

This requirement was made on 7 June 2017.

Action taken on previous requirement

Overall, the improvements noted at the last inspection were maintained. The manager had an overview of each individuals weight. This helped to identify any issues. We attended a daily flash meeting and noted that any concerns with individuals weight loss were discussed.

Staff we spoke to were knowledgeable about people's needs and our observations showed that staff offered appropriate support and encouragement with dietary intake. We saw that mid morning and afternoon drinks and snacks of fruit, cake and biscuits were offered between meals.

A nutrition forum was established and the chef had introduced taster sessions to allow service users to influence the content of their menu.

We heard about a weekly coffee morning and happy hour at the bar where residents enjoyed snacks and drinks.

We saw that some individuals were prescribed meal supplement drinks by the dietician.

Where staff were concerned about an individuals intake food and fluid charts were in place. These were completed satisfactorily in terms of meals and most snacks. However, they could be improved by reflecting how individual's meals are fortified with additional energy dense products and additional snacks offered outwith meal times. The manager acknowledged this and was reviewing the paperwork used to progress this improvement.

Met - outwith timescales

Requirement 2

The service should operate a medication recording system in accordance with recommended best practice. To do this, the service should adhere to the following:

- Prescribed medication must be administered in line with the prescribers instructions
- Maintain accurate records of all medications received, administered, refused/withheld and returned to pharmacy

- Handwritten entries/amendments on medication administration records must be accurately transcribed. Entries should be checked and double signed
- Medication should be securely stored.

This is to comply with SSI 2011/210 Regulation 4 (1) (a) Welfare of users and SSI 2011/201 and SSI 2002/114 Regulation 19(30)(j) - a requirement to keep a record of medications kept on the premises for residents. The following National Care Standards have been taken into account in making this requirement.

Timescale for compliance: to begin within 24 hours and be completed by 30 April 2016.

This requirement was made on 7 June 2017.

Action taken on previous requirement

Medication management continues to be an area where ongoing improvement is needed. This was reflected in the managers improvement plan.

Since the last inspection the manager has made notifications to us about drug errors and omissions. The manager identified that instability in the staff team and reliance of agency staff has contributed to this. Where internal audits had detected occasions where medication was not administered in accordance with the prescribers instruction, appropriate action has been taken.

The manager planned to expand the number of staff within the Templeton House who were able to administer medications. Further training and competency assessments were planned to facilitate this. The manager was also asked to review how staff were deployed to complete this task.

The provider planned to implement an electronic system of medication recording. The manager felt that this system would promote improvement in this area. Staff training was being arranged before the introduction of the system in the New Year.

We asked the manager to improve the ordering and recording of medication brought into the service. We noticed that medications were being ordered and returned to the pharmacy unused and re-ordered. We expressed concern about this in terms of wastage of time and resources. We asked that the manager allocate specific members of staff to take responsibility for the ordering and recording of medication brought into the service to ensure accuracy of records and improved ordering/returns process.

We also noted an occasion where a small amount of medication was left unattended in the corridor area. We passed this to the management to protect vulnerable individuals.

Not met

Requirement 3

The provider must ensure that the system of quality audits are improved to ensure that deficits in practice and record keeping highlighted in this report are identified and systems and practices improved to effect continued improvement.

This is to comply with Social Care and Social work Improvement Scotland (Requirement for Care Services)

Regulation 2011 SSI 2011/210, Regulation 4 (1) (a) provider must make proper provision for the health, welfare and safety of service users.

Timescale for compliance: to begin within 24 hours and be completed by 30 May 2016.

This requirement was made on 7 June 2017.

Action taken on previous requirement

The manager had held resident and relative meetings to gather feedback on the service.

We noted that audits of care plans, accidents and incidents and medication continued. The manager had an overview of skin care and nutritional needs. An audit had been completed by the supplying pharmacist. Environmental checks were also completed. There was a change to the external management arrangements. We met with the new regional manager who discussed plans to review the quality assurance procedure and the audit tools used.

During the inspection we concluded that staffing levels and deployment of staff required urgent review. We discussed the need for quality assurance systems to take account of observational based audits to assess the impact of staffing on outcomes for individuals.

Not met

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

Previous recommendations

Recommendation 1

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.

National Care Standards, care homes for older people – Standard 6: Support arrangements.

This recommendation was made on 7 June 2017.

Action taken on previous recommendation

Additional residents were scheduled to be accommodated on the third floor of the care home. The manager continued to recruit to fill vacant posts and reduce reliance on agency staff. Since the last inspection 44 staff had been recruited. Ongoing changes in the staff team meant that further work was required to fully implement a competent keyworker system. The manager was receptive to the suggestion we made about involving keyworkers more actively in supporting service users in meaningful social activities and outings of their choice.

This recommendation is: not met and repeated.

Recommendation 2

The provider should ensure that staff receive appropriate support, via ongoing one-to-one supervision with their line manager, to equip them to perform their caring role.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

This recommendation was made on 7 June 2017.

Action taken on previous recommendation

We acknowledge progress had been made. The manager had introduced a supervision schedule. Records showed individual or group supervision sessions had taken place. The manager accepted that further time was needed to fully implement a regular programme of supervision to impact on staff practice and development.

This recommendation is: not met and is repeated.

Recommendation 3

The provider should ensure that care staff receive appropriate training, including, protecting vulnerable adults, dementia and palliative care. The training and development plan should also take account of specific health care and support needs of the current resident's group.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

This recommendation was made on 7 June 2017.

Action taken on previous recommendation

Electronic training had been implemented as planned. A training matrix indicated that staff had attended training in moving and handling, protecting vulnerable adults and dementia care. Other health and safety focused training was also included within the electronic training package.

The manager had identified poor moving and handling practice and had arranged for the staff team to be re-trained. This was ongoing at the time of the inspection.

An external individual with an interest in dementia care had been engaged to support the staff work through the Scottish Governments "Framework for Excellence" skilled level dementia training programme.

Staff changes meant that a new palliative care champion was to be appointed. The manager planned to arrange staff training in this area.

This recommendation is: not met and repeated.

Recommendation 4

The service provider should take action to ensure that staff who are authorised to administer medication have the necessary skills and knowledge to do this safely and in accordance with best practice guidance. Medication procedures should be subject to regular audit and staff skills, knowledge and ability to safely administer medication assessed on a regular basis.

National Care Standards, care homes for older people – Standard 15: Keeping well – medication.

This recommendation was made on 7 June 2017.

Action taken on previous recommendation

We found that medication audits were completed. Internal checks took account of medication counts and a wider audit of medication processes. The supplying pharmacist and regional manager had also audited medication systems.

Audit processes allowed the management to quickly detect any discrepancies. We saw that medication errors or recording errors were followed up appropriately. The manager was aware of the need to eliminate further errors and planned to introduce an electronic system to support medication management.

The manager also planned to implement formal observations of practice to confirm competency for all staff involved in medication administration.

We recommend that the audit take account of medication being returned to the pharmacy in order to reduce administration time on ordering and returning medication that was not used and wastage.

This recommendation is: not met and repeated.

Recommendation 5

The provider should develop the staff induction process. This should include adult support and protection training and evidence formal assessment of an individuals competency to complete key tasks of their job role.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

This recommendation was made on 7 June 2017.

Action taken on previous recommendation

The manager had recently implemented revised induction paperwork and procedures. This included electronic learning prior to new recruits completing "shadowing shifts" with more experienced staff. No inductees had fully completed the new programme at the time of this inspection.

This recommendation is: not met and repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
28 Apr 2017	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 6 - Excellent 3 - Adequate 4 - Good
4 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 6 - Excellent 4 - Good 3 - Adequate
22 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 6 - Excellent 4 - Good 2 - Weak
25 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 6 - Excellent 4 - Good 2 - Weak

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