

Windyhall Nursing Home Care Home Service

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Ayr
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Telephone: 01292 261441

Type of inspection:

Unannounced

Completed on:

6 March 2020

Service provided by:

Windyhall Care Home Limited

Service provider number:

SP2006008582

Service no:

CS2006135370

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

This service has been registered since 2007.

Windyhall Care Home is situated in a quiet residential area in the coastal Ayrshire town of Ayr. The surrounding area is populated by large detached mansion style houses and enhanced with tree lined avenues and streets. The local town centre is located within a short walking distance and there is easy access to the south beachfront.

The care home is a three storey detached mansion-house with purpose-built extension. The home is registered for up to 29 older people, which includes up to four people for respite or short breaks. At the time of the inspection there were 26 people living within Windyhall.

The service philosophy of care includes the following statement:

"Our main objective is to maintain the resident's satisfaction with the care we deliver within a safe and friendly environment".

What people told us

During our inspection we spoke to people using the service and their relatives about their experience of Windyhall Nursing Home. Before the inspection, we asked the provider to distribute questionnaires to people using the service, their relatives and staff. 14 completed questionnaires were returned to the Care Inspectorate. We spoke with staff throughout our inspection and as part of our general observations. We also carried out a SOFI 2* observation involving residents with limited communication abilities.

Overall, residents and relatives provided very positive feedback about the standard of care at Windyhall Nursing Home. Comments included:

- 'Dad is incredibly well looked after. All staff are excellent. Often staff are incredibly busy and pushed for time, but this seems to have improved recently'.
- 'I am very happy in my surroundings. Staff are extremely pleasant. I feel my views are listened to by the service'.
- Staff are always around and are very vigilant. Even when under some pressure, they never appear rushed and convey a sense of calm. My mum speaks affectionately about staff, saying how wonderful they are. In my own observations my mum is always treated with care, respect and kindness'.
- 'The care that my mother is receiving is second to none. I am so happy with all aspects. This home has helped not only my mother, but myself with this journey I have been on'.

*SOFI 2 is a Short Observational Framework for Inspection. We use SOFI 2 as a tool to assist us in directly observing the experience and outcomes for people who may be unable to tell us their views.

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?

5 - Very Good

The service demonstrated the principles of the Health and Social Care Standards in everyday practice. Staff interacted with kindness, patience and compassion. Our observations confirmed that staff knew each resident well and that the residents benefitted from their positive relationship with staff members. People gave us very good feedback about the service and told us that they felt valued and listened to. A resident said: 'Staff are interested in you and give you their thoughts and feelings. I've got a really good relationship with them'.

During our inspection we noticed that staff took time to spent time with residents or did activities with them. This created a friendly and warm communal atmosphere that helped residents to have a sense of safety, occupation and belonging. A relative who visited very regularly found: 'The things they do are amazing. They make my wife feel good about herself. It's the small things that make a difference'.

A dedicated, skilled and very proactive team of activity co-ordinators supported the care staff and enabled residents to experience a varied programme of group and individual activities. We saw various examples of very good practice. This included the regular promoting of physical activities and inter-generational projects.

The activity team had an evidence-based approach with a clear focus on individual outcomes, abilities and aspirations. A project that brought residents and pupils from a local specialist primary school together included outstanding and innovative elements that benefitted residents and children alike. This included ground-breaking work using Makaton, a unique language programme that uses symbols, signs and speech to enable people to communicate. The Windyhall activity team used this to successfully enable children with autism and residents living with dementia to benefit from spending time together.

The service's strong and varied community connections meant that residents could enjoy a range of interesting activities, ranging from dementia friendly cinema or shopping trips through to football memories with Ayr United football team.

We saw several excellent individual examples of promoting people's mental wellbeing by getting to know them well and ensuring that their dreams and aspirations mattered. This included very well-planned individual activities that encouraged people to experience new things or things they always wanted to do. A resident said: 'I always get things to do. Recently I even went curling! And I do my strength exercises. My next plan is to get up Goat Fell'.

People gave us good feedback about how well the service was managed. Families felt very welcome, well-informed and included. A resident told us: When I tell the service I am unhappy with anything, they do something about it. My views are listened to'. We found that the service organised regular meetings and individual care reviews. The service also used email and social media to keep people up to date about life in the service. This meant that people's opinions were valued and their rights respected. Managers created a culture of community and found ways to keep residents and families informed and involved. The fact that the resident meetings were facilitated by an Independent Advocacy service further demonstrated this enabling and respectful approach.

The environment inside the service was clean and well maintained. People praised the homely feel of the building. There were no unnecessary restrictions. People's bedrooms were well personalised. Dementia friendly features were applied where possible. Technology, like smart TVs, WI-FI, smart speakers and communication apps was used to assist with activities or helped to keep people connected with friends and families.

We observed that residents were able to enjoy a well organised, relaxed and unhurried mealtime. People were well supported and received assistance that met their individual needs. Staff ensured that residents were offered appropriate choices. This included some visual choices for people with limited verbal communication abilities. Overall, the mealtime promoted individual abilities, confidence and individuality. However, we encouraged managers to improve the display of menus and to work with staff to ensure that the food on offer is always well described to the residents. Each resident's nutritional health was supported by detailed, regular, individual nutritional assessments and weight monitoring.

The management and administration practice of medication was safe and robust. The electronic documentation system for medication administration was supported by regular, well monitored quality assurance. The service worked well with external health professionals. People's need for safe and effective support with their healthcare needs was therefore well met.

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?**4 - Good**

The service had an up to date, complete and well-managed system of care plans and personal risk assessments. The language used in the care plans showed an ability and outcome-focussed approach. However, we found that the formulation of people's personal outcomes could be further improved and expanded. We discussed this with managers and encouraged them to include this in their ongoing-going service development plan.

People benefitted from thorough processes that established their individual needs, history, likes and dislikes. Various examples showed how this led to good outcomes, because care interventions and activities were person-centred and strengthened each resident's sense of individuality.

Necessary legal documentation was present and up to date. This helped to protect people's rights and ensured that people's representatives were meaningfully involved in decision-making.

Residents or their representatives were given the opportunity to review the care plans every six months. This enabled people to contribute to their care plans and evaluations. A resident and her daughter told us: 'We just had a care plan review a few weeks ago. We sat down to discuss mum's care. They took their time and they listened to us'. We found that more attention could have been given to capturing and monitoring any action plans that resulted from the reviews.

Although care plans and personal risk assessments were regularly reviewed and updated, we found that the monthly evaluation statements could be improved. We asked managers to include this in their service development plan, with the aim to ensure that evaluations meaningfully measure the effectiveness of plans and interventions.

The care plans captured some of people's wishes for living well right to the end of their life and include was is important for them and their wishes for the future. However, the setting up of dedicated advanced care plans was still an ongoing-going project. We encouraged managers to progress with this important work to ensure that people's wishes and rights in this important area were promoted and respected.

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**

1. To ensure that residents needs are met by the right number of people staff deployment and overnight staffing levels should be reviewed and improved.

This to ensure that care and support is consistent with the Health and Social Care Standards which state that: My needs are met by the right number of people.(HSCS3.15)

This area for improvement was made on 2 July 2018.

Action taken since then

Since the last inspection the service reduced its maximum occupancy to from 35 to 29 due to not offering shared bedrooms any longer. The new management team also increased the number of activity staff and introduced a more dynamic staffing system. Information about the staffing levels in the service was well displayed at the entrance. Staffing levels overall appeared safe and appropriate. Feedback from service users and families indicated that staffing had improved over recent times.

This Area for Improvement was met and will not continue.

Previous area for improvement 2

To promote privacy and dignity of people experiencing care, the provider must ensure that the privacy screening in shared rooms is improved.

This to ensure that care and support is consistent with the Health and Social Care Standards which state that: If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.
(HSCS 1.4)

This area for improvement was made on 2 July 2018.

Action taken since then

This Area for Improvement was not applicable any longer. The service did not provide shared accommodation.

This Area for Improvement will not continue.

Previous area for improvement 3

To promote positive outcomes for people who experience care. The provider must ensure that quality audits are improved to effect continued improvement.

This to ensure that 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 area for improvement was made on 2 July 2018.

Action taken since then

The new management team had reviewed the previously existing quality assurance systems and made significant changes. We saw that the service had clear and organised quality assurance systems. This included regular governance oversight by senior managers. Sampling of evidence and feedback from residents, families and staff showed that the service made steady improvements over the past 18 months, which indicated that quality assurance systems were effective.

This Area for Improvement was met and will not continue.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	6 - Excellent
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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