

Templeton House Care Home Service

Racecourse Road
Ayr
KA7 2UY

Telephone: 01292 291232

Type of inspection:
Unannounced

Completed on:
21 August 2020

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 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 and the ground floor at street level, which includes the main entrance and first floor. The top floor area contains the catering department, 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. Residents 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 residents with mobility issues. There is a choice of lounges and dining areas throughout, 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 stated aims and objectives are 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."

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

We spoke to some residents during our inspection. This was limited due to social distancing rules. People told us they enjoyed staying in Templeton House. One resident said: "I am treated with respect and consideration here."

We contacted family members by phone. They were very positive about the service. They mentioned how well the service had coped during the pandemic. One person said: "They have been brilliant during the pandemic." The service had supported families to be in contact throughout the crisis using phones, email and video calls. People told us garden visits had been well organised. A family member told us: "I can't fault them." This approach provided reassurance to family members about their loved one's welfare during COVID-19. It also helped minimise the negative impact of restrictions on people's health.

All family members told us the service kept in regular contact with them about people's health and wellbeing. This included regular, usually weekly, updates and contact if there were any issues about people's health. Families told us they appreciated this and it helped them feel involved.

The service provided end of life care and support to some residents. Relatives were able to visit their family member in their room. The service ensured that visitors followed infection control measures and wore appropriate personal protective equipment (PPE). Relatives told us they appreciated the efforts the service made to enable these visits to happen.

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

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

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

Staff engaged with people in warm and respectful ways. Staff spoke to people using their first names and took time to listen to people. When people required support with personal care, this was provided discreetly and patiently by staff.

There was a comprehensive programme of activities in the home. This included supporting people to design cards and make small gifts, like key rings, to send to relatives. Baking classes took place on a regular basis. Visiting musicians and singers performed in the garden area, socially distanced from people. People were also able to take part in Italian lessons. Activities staff visited people isolated in their rooms. Staff encouraged people to take part in activities like gentle exercise to music and board games. This also allowed staff to monitor the impact of isolation on people, for instance low mood, and report concerns to management. This meant people in isolation were kept stimulated, mentally and physically. It also provided notice to management of actions needed to keep people safe and well.

Care plans provide guidance to staff on people, their care needs and how they should be supported. Plans were person-centred and gave information about the residents' backgrounds and life experiences, as well as their support needs. People's health conditions and how they could be supported were clearly detailed. The plans were up-to-date and reviewed on a six-monthly basis. Relatives told us they were fully involved, usually by phone or email, in the reviews and felt their opinions were taken into account.

At our last inspection, we required the service to improve how they recorded the work they did in preventing and managing pressure ulcers. During this inspection, we were satisfied that this area had been fully addressed.

We spoke with professionals from healthcare and social care who were in contact with the service. They were very positive about how people were supported. They said the service looked after people very well and had coped with the COVID-19 situation extremely well. The service was working with a local GP practice to look at ways of improving communication and outcomes for people.

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

The service had not had an outbreak of COVID-19. The home was clean and pleasant throughout. Housekeeping staff understood the importance of their work in infection control. Cleaning schedules were well organised. These had been enhanced to ensure high touch areas, like door handles and handrails, were cleaned at least twice each day. The building was maintained to a high standard.

The service followed good practice in handling people's laundry. This included guidance to staff when handling soiled items. We saw staff following this guidance during our inspection. This helped reduce the risk to people of infection, keeping them safe.

People had their temperature checked twice each day. Staff were knowledgeable about COVID-19 and the recognised symptoms. They knew people's moods and behaviours and could identify changes that

might be related to infection. This was particularly important when people were not able to express any changes in their health.

We thought the service could do more to encourage people to wash their hands, particularly around mealtimes. The service was responsive to this and will look for ways to improve on this area.

Staff were able to explain the actions the service would take if people had suspected symptoms. The service had in place policies about admitting new people to the home that reduced the risk of infection.

Essential visitors to the home were only allowed access after checks were carried out. These include temperature checks and completing forms about their experience and understanding of the virus. Visitors were also asked to wash their hands and were issued with personal protective equipment (PPE) before entering the home to help keep the home infection free.

Staff temperatures were checked at the start of each shift. Staff uniforms were washed in the service. These actions help reduce the risk of infection entering the service. We saw staff regularly washing their hands or using alcohol-based hand rub throughout their shifts. There was easy access to PPE throughout the service.

Staff told us, and records confirmed, that they had received training on the use of PPE. The service told us they had systems in place to observe and monitor staff use of PPE. However, most of the staff we interviewed could not describe how to don and doff PPE correctly. We also observed some staff doffing PPE incorrectly. Proper use of PPE is an essential part of infection prevention and control and helps people avoid infection and the impact of COVID-19. We have made a requirement to ensure the service achieves and maintains use of PPE at an acceptable standard. (See requirement 1.)

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

The service regularly reviewed the support needs of residents to help ensure it had the right number of staff with the correct skills. We saw that this worked out well in practice with sufficient staff being available to meet people's needs and preferences.

At the time of our inspection, the service was fully staffed. It was developing a back-up of bank staff to deal with any future, temporary shortages. This helps to ensure people are supported by staff who they are familiar with and who know them.

The service had reduced its use of agency staff. It had a risk assessment if using agency staff in the future. This included those staff who had negative COVID-19 tests prior to coming to the service and confirming where else they had worked.

Staff enjoyed working at the service and felt well supported. They said managers were visible and approachable. The service had introduced COVID-19 folders for staff. These provided the latest guidance from the Scottish Government, Public Health Scotland and other agencies on dealing with the virus. Managers reinforced staff knowledge by providing briefings on important areas.

The service had a comprehensive training plan in place. This included protecting vulnerable people, dementia, moving people safely and providing palliative care. Senior staff and nurses received training on supporting people with medication. Refresher training was provided on a regular basis. Staff told us the training was appropriate for their work. We saw the service had systems for ensuring that staff

received all the training they required. This meant people cared for could be confident that staff had the right knowledge and skills to support them in achieving the best possible outcomes.

As part of their training, all staff had received training on donning and doffing of PPE. Most of the staff we interviewed and observed did not follow proper procedures. We have made a requirement on this in the previous section, 7.2, on infection control.

Requirements

1. By 17 September 2020, the provider must ensure:

- all care staff receive refresher training in the donning and doffing of personal protective equipment (PPE), hand hygiene and wearing the correct type of PPE for the work they are to carry out, as stated in Health Protection Scotland's 'COVID-19 Information and guidance for care home settings'
- that the service's policies and procedures for the use of PPE are clearly agreed with the local health protection team
- observations of staff practice are regularly undertaken to assess learning and competence. This must include all care staff and be recorded to identify areas for action and any additional support staff require to achieve and maintain good practice.

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

It is also in order to comply with Regulation 4(1)(a) - Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

Requirements

Requirement 1

By 31 December 2019, the service provider must confirm the measures which have been implemented to ensure residents receive safe and responsive care.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am confident that people respond promptly, including when I ask for help." (HSCS 3.17)

It is also necessary to comply with Regulation (4)(1)(a) make proper provision for the health, welfare and safety of service users and (4)(1)(b) provide services in a manner which respects the privacy and dignity of service users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 23 September 2019.

Action taken on previous requirement

Staff had a good understanding of residents' care and support needs and were able to act responsively and appropriately. Staff regularly checked on the welfare of residents who stayed in their own rooms. Staff responded quickly to residents using the service's call system.

Met - outwith timescales

Requirement 2

By 31 December 2019, the service provider must improve responsive care and support for residents by ensuring that a cohesive approach to pressure ulcer prevention and management is implemented. This approach should include:

Residents identified at risk of pressure ulcers must have a plan of care which outlines their individual needs and includes the following:

- the level of risk
- skin integrity status
- type of pressure reducing mattress in use (with settings for active mattresses)
- type of pressure reducing seat cushion in use (with settings for active seat cushions)
- required frequency of skin checks
- required frequency of positional changes/turning chart or SSKIN bundle in use
- any other relevant individual skin care interventions
- the required frequency of the risk assessment and care plan review

- monitoring of pressure ulcers included in the organisational policy
- assessment of all support staff competency at implementing the policy and best practice in relation to pressure ulcer prevention and management.

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) and in order to comply with Regulation (4)(1)(a) Welfare of users, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 23 September 2019.

Action taken on previous requirement

Care plans indicated a robust approach to prevention and management of pressure ulcers. Appropriate risk assessments were in place. Observations, interventions and outcomes were clearly recorded and reviewed. The service's clinical meetings, chaired by the manager, provided a service-wide overview and gave guidance when appropriate.

Met - outwith timescales

Requirement 3

The provider must ensure that residents' healthcare needs and the associated interventions planned by staff are managed effectively in a way that is beneficial to each individual's health and wellbeing taking account of current legislation and good practice guidance. Care reviews must be carried out responsively.

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

"I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13) and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm". (HSCS 3.21)

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)(2) - Welfare of users; Regulation 5(2)(b)(ii)(iii).

This requirement was made on 23 September 2019.

Action taken on previous requirement

Care plans provided evidence of relevant healthcare assessments. Healthcare professionals confirmed the service's positive and collaborative approach to meeting healthcare needs. Regular reviews took place, involving family members and external agencies, for instance, social work when appropriate.

Met - outwith timescales

Requirement 4

The service provider must make sure that people who use the service have their prescribed medication given in line with their healthcare needs, the resulting care plan and the advice given by their

representatives. This process must include adequate recording of the administration of all medications, including a record as to why any medications have not been given.

This is to ensure that 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) and "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18) and "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

It is also necessary to comply with Regulation (4)(1)(a) make proper provision for the health, welfare and safety of service users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 23 September 2019.

Action taken on previous requirement

Medication records were in good order and clearly written. Care plans indicated appropriate contact with healthcare professionals and evidenced the service followed directions.

Met - outwith timescales

Requirement 5

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

Not assessed at this inspection. This was a COVID-19 focused inspection.

Not assessed at this inspection

Requirement 6

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.

Action taken on previous requirement

Not assessed at this inspection. This was a COVID-19 focused inspection.

Not assessed at this inspection

Requirement 7

The provider must ensure that sufficient numbers of suitably qualified and competent staff are deployed appropriately to meet the health, wellbeing and safety needs of residents.

This is to ensure 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" (HSCS 3.15), "I am confident that people respond promptly, including when I ask for help" (HSCS 3.17) and "People have time to support and care for me and to speak with me." (HSCS 3.16)

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; Regulation 15(a) - Staffing.

This requirement was made on 23 September 2019.

Action taken on previous requirement

The service had sufficient staff to meet the needs of residents. The staff group was settled and the service was increasing the number of bank staff to reduce the need for agency staff. The service's dependency assessment informs the staffing levels and skills mix and is regularly updated by the manager.

Met - outwith timescales

Requirement 8

A holistic dependency assessment that informs staffing levels, skill mix and the deployment of staff should be used regularly to consistently demonstrate an evidence-based approach to staffing. This should take account of the complexity of residents' needs, the layout of the setting and other measures linked to quality assurance including people's views, outcomes and experiences.

This is 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; Regulation 15(a) - Staffing.

This requirement was made on 23 September 2019.

Action taken on previous requirement

A monthly dependency analysis takes place. This measures the dependency levels of residents from 'low' to 'high' and provides an indication of required staffing. The service has used it to redistribute staff across the home.

Met - outwith timescales**Requirement 9**

The provider must ensure that residents benefit from personal planning which consistently informs all aspects of the care and support they experience. A sense of identity and what is important to each individual must be evident to inform responsive care and support that has been discussed and agreed with residents and/or individuals important to them in order to empower people to exercise as much choice and control as possible over their daily lives.

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

"I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change." (HSCS 1.12)

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; Regulation 5(1)(2)(a)(b)(i)(ii)(iii)(c)(d) - Personal plans.

This requirement was made on 23 September 2019.

Action taken on previous requirement

Care plans showed substantial progress in meeting this requirement. However, more work is required to make the service's care planning more person-centred. Part of that work includes ensuring work already being done by staff is fully reflected in care planning.

Met - outwith timescales

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**

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 states that: "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

Not assessed at this inspection. This was a COVID-19 focused inspection.

Previous area for improvement 2

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 states that: "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

Not assessed at this inspection. This was a COVID-19 focused inspection.

Previous area for improvement 3

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

This is to ensure that care and support is consistent with the Health and Social Care Standards which states that: "I have confidence in people because they are trained, competent and skilled, able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

This area for improvement was made on 23 September 2019.

Action taken since then

The service had a comprehensive training plan in place, including refresher training as required. Staff report training to be relevant and helpful in their roles.

This area for improvement has been met.

Previous area for improvement 4

The service should ensure that:

- Care planning, evaluations and minutes of six monthly reviews have more of a focus on the way that planned care has promoted positive outcomes, as well as reflecting people experiencing care having a sense of worth and engagement with life, achieving what matters to them.
- Personal plans should reflect the consideration of residents' wishes, choices and past life and the role this plays in underpinning and supporting a person-centred approach. An understanding as to why people

behave in a certain way when being supported in their daily lives should be linked to the assessment of this information.

- A strengths-based focus that fully recognises people's abilities should be established in conjunction with an enabling approach towards risk promotion in order to develop care planning that will support people to maximise their potential.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me" (HSCS 3.4), "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18) and "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6).

This area for improvement was made on 23 September 2019.

Action taken since then

Care plans showed substantial progress in meeting this area for improvement. However, more work is required to make the service's care planning more person-centred. Part of that work includes ensuring work already being done by staff is fully reflected in care planning.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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