

Windyhall Nursing Home Care Home Service

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Ayr
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Telephone: 01292 261 441

Type of inspection:
Unannounced

Completed on:
7 June 2024

Service provided by:
Windyhall Care Home Limited

Service provider number:
SP2006008582

Service no:
CS2006135370

About the service

Windyhall Nursing Home is situated in a quiet residential area in the coastal Ayrshire town of Ayr. The local town centre and the beachfront are located within a short walking distance from the home.

The home is registered for up to 29 older people, who may have dementia. 22 of the bedrooms are en-suite. The three storey building is a converted mansion-house with purpose-built extensions, several lounge areas, shared bathrooms and a safe and attractive garden space.

About the inspection

This was an unannounced inspection which took place on 4 June and 5 June 2024 between the hours of 09:45 and 17:00. The inspection was carried out by two inspectors from the Care Inspectorate. 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 throughout the inspection year.

To inform our evaluation we:

- spoke with three people using the service and seven of their family
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents

Key messages

- Staff were kind and respectful
- Manager had taken up post previous day
- Staff had recently refurbished the garden area which looked very attractive
- Mealtimes required review to ensure that they were enjoyable for all
- Medication was managed well

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff knew people well and were able to use this knowledge to support them. Staff were respectful in their interactions. People told us, "Staff are very good".

The food looked tasty and was well presented. The tables were set with linen and had napkins, cutlery, condiments and juice on the tables. However, a lack of space in the dining room and staff being occupied elsewhere resulted in a disjointed experience where some people experienced a significant delay in receiving their meal. (See area for improvement 1).

There was a robust procedure in place for medication administration which was appropriately documented. Staff supported people as required and people's dignity was respected. This improved health outcomes for people and kept them safe.

We saw evidence that appropriate external health professionals participated in people's care planning. The advice offered was actioned and reviews arranged as required. This ensured that people's health and wellbeing was maintained.

The activity coordinator had recently taken up post and people told us, "The new activities lady is good. She has asked me what my husband likes to do as there is a lot he can't join in with". People went out locally and there were links with the local nursery who visited. People were able to access the garden which had recently been refurbished.

Family members were kept up to date with any changes and participated in reviews of the support offered to people.

Areas for improvement

1. To support a positive mealtime experience, the provider should improve dining facilities and review the timing of the evening meal, ensuring sufficient staff are present to meet resident's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible"(HSCS 1.35).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had systems in place to monitor the quality of the service. There was a range of audits completed regularly by all grades of staff. While some of these audits had led to service improvements other opportunities to identify areas for improvement had been missed. The management team were aware of these areas and were taking steps to address them. This allowed any necessary action to be taken to

promote positive outcomes for people using the service.

Feedback was obtained from a suggestions box and service user meetings both of which were facilitated by an independent advocacy worker. Feedback was also requested by questionnaires issued twice a year and at relatives meetings. Newsletters were issued regularly throughout the year. This ensured people felt included.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staff reported that they worked well together and we saw positive relationships between staff members. Staff told us "My job is rewarding and good friendships keep you going". However staff appeared rushed and task focused particularly at key times such as first thing in the morning and meal times. There were minimal opportunities for staff to spend meaningful time with people. Review of the staffing assessment revealed key areas which had not been fully addressed. (See requirement 1).

We saw evidence that supervisions and team meetings were taking place. Staff told us that they felt supported by the management team. This offered staff opportunities to discuss their learning and development needs and reflect on their practice which promoted positive outcomes for people supported.

The staff team were engaged and keen to be involved in changes and developments to improve outcomes for people but admitted that the current staffing arrangements made this challenging. This meant that peoples support was not being offered in a timely manner.

Staff attended training and updates regularly and the management team had good oversight of the training compliance. This meant that people were supported by appropriately trained staff.

Requirements

1. By 7th September 2024, the provider must review the staffing assessment to ensure that there are sufficient staff at all times to support people.

To do this, the provider must, at a minimum:

- a) consider the needs of people supported
- b) take into account the layout of the building
- c) consider other tasks which may impact on staffs ability to provide support
- d) include feedback from all stakeholders.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

"My needs are met by the right number of people"(HSCS 3.15).

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service was well maintained with all the appropriate checks in place. There was a good standard of cleanliness however recent recruitment issues with domestic staff had resulted in some deep cleaning not taking place. The management team were aware of this and plans to address this were in place. This ensured that the cleanliness standards of the home would be maintained.

People's bedrooms were personalised reflecting their preferences and what was important to them. Shared bathroom facilities were available some of which were in the process of being upgraded to wet room facilities. This would provide more choice for people.

The gardens had recently been refurbished by the staff to provide an attractive and interesting place to spend time. Further upgrading to the outside gate and alarm system was planned to allow people to independently access the garden which would enhance people's sense of wellbeing.

The locks on the bedroom doors were unable to be opened from the outside without the use of a tool. This would result in an unnecessary delay in the case of staff requiring to access the room if locked. (See area for improvement 1).

Areas for improvement

1. To facilitate quick access in the event of an emergency the provider should review the door locking mechanism for the bedroom doors.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My environment is secure and safe" (HCSC 5.19).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The support plans reflected people's needs and wishes. There were relevant risk assessments in place which were updated as required. Records of visits by external professionals and outcomes were recorded. This ensured that staff had updated, relevant information and could offer appropriate support.

Stress and distress plans sampled did not provide guidance on prescribed medication nor specific actions to be taken. This would result in staff struggling to provide effective and tailored support in the event of stress and distress being experienced. Feedback was provided with regards to this and action taken by the service during the inspection.

There was a programme of support plan auditing in place and a key worker system to update plans as required. Families told us they were aware of the contents of the support plan and that "I have a copy of the care plan".

Future care plans were not in place for everyone however, there were actions taking place to address this . This would ensure staff were aware of people's preferences and wishes.

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 people's needs are met safely and well, arrangements for staff monitoring communal areas of the home should be reviewed to ensure supervision at key times.

This is in order to comply with:

Health and Social Care Standard 4.17: If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.

This area for improvement was made on 6 November 2023.

Action taken since then

A member of staff is based in the lounge area throughout the day and evening. 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.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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