

Ainslie Manor Nursing Home Care Home Service

Stranraer Road
Girvan
KA26 0HW

Telephone: 01465 715 023

Type of inspection:
Unannounced

Completed on:
13 September 2024

Service provided by:
Cumlodan Nursing Homes Ltd

Service provider number:
SP2007009415

Service no:
CS2003010250

About the service

Ainslie Manor Nursing Home offers individual care for residents on a permanent or respite basis. Situated on the coast, on the outskirts of Girvan. Some of the rooms have spectacular views of the sea and the surrounding countryside. All our rooms are comfortable, spacious with en suite wet floor shower rooms. The service provider is Cumlodan Nursing Homes Ltd.

The service is registered to provide care to 45 older people. The current maximum occupancy is 43 beds, comprising of 32 single rooms and five shared bedrooms.

There were 39 people living at the home when we visited.

About the inspection

This was an unannounced inspection which took place on 10, 11 and 12 September 24. 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 since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and five of their family
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff and people living at Ainslie Manor Nursing Home had good relationships. Staff cared for people with kindness and compassion.
- People received reliable and consistent support from a familiar staff team with whom they had positive, trusting and caring relationships.
- Family members felt involved and well informed, telling us they were very satisfied with the standard of care and support provided.
- The home had a nice atmosphere and people were able to move freely around the home.
- The service was proactive in supporting people to access the right health professionals.
- The service uses a variety of tools to assess the quality of the care provided and reviews how these are used and how they inform the service improvement plan.

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?	4 - Good
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.

We saw lots of lovely interactions between staff and residents. People were well presented and dressed appropriately for the weather. People spoke very positively about the care and support they received.

Residents care and support was based on evidence, guidance, good practice and standards. The new manager had looked to forge positive relationships with local healthcare professionals to enhance the health and well-being of residents.

Nursing and senior care staff were knowledgeable about who to call on for support and advice regarding people's health needs. Records showed the contact made with healthcare professionals. We saw that they were called promptly for advice and support when people became unwell. The outcomes of advice and changes to treatment were reflected in care plans. Changes in people's health were discussed at shift handover and daily huddles.

People's health and wellbeing benefitted from their care and support because processes were in place to support effective communication about changes or deterioration in their condition.

There continued to be a robust medication management system which adhered to good practice guidance. People's medication was regularly reviewed to ensure it continued to meet their identified health needs.

People were encouraged to move regularly and remain as active as they can be. People's wellbeing, mobility and confidence were enhanced as the service promoted a person-centred approach to managing and preventing falls. The manager had used an evaluation tool to determine themes from falls and made appropriate referrals.

People's skin integrity was maintained because the service had a proactive and person-centred approach which was based on good practice recommendations and the assessment of risk.

A new admissions assessment had been put in place to cover all aspects of care when a person moves into the care home. This had improved peoples outcomes and gave increased confidence to nursing staff that they had solid information.

The mealtime experience had improved considerably, it was more planned and managed. This meant that people enjoyed their meals in an unhurried, relaxed atmosphere when and where they want to. Staff knew people's dietary needs and preferences. People who needed support to eat and drink were assisted at their own pace. This helped support people's health needs through maintaining good nutrition and hydration. People commented that the food choices were good and that they could get an alternative if they did not like what was on the menu.

Everyone we spoke to said they enjoyed the food, there was plenty of choice and alternatives if they chose. There were snacks available throughout the day.

Comments from people include "The food is good; I don't go out so much now but join in with the activities." "Nice place to live, the food is very good." "I love it here; I have lots of fun and there's plenty to do."

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.

There was a new manager in post. People we spoke with commented that the manager was approachable and listened to concerns. Staff said that they felt supported by the manager. We were told that the new manager conducted themselves in a professional manner and had made many positive changes. Comments from staff included "The manager is very proactive; we feel listened to." "The home has so much potential now." "I feel supported and can go to her for anything." "I have no doubt that things will only improve."

Quality assurance and improvement plans, ensures standards of good practice are adhered to and drives change and improvement where necessary.

We saw a range of quality assurance measures in place. The manager had completed audits and checklists to assess and monitor the quality of service provision. The manager was in the process of planning to indicate the frequency of completion of the quality audits. The outcomes of audits were informing action plans. This helped drive service improvement which resulted in better outcomes for people living in the home.

It was pleasing to see that the manager had done a lot to strengthen what was already in place for quality assurance. Additional measures had been put in place to check and monitor clinical areas e.g. falls, wound management etc. this has given her a good overview of risks and where to focus attention.

A schedule of meetings with residents, relatives and staff was also in the planning stages. Although some meetings had taken place and there were records of discussions and comments made at these meetings. There was a need to use the outcomes of meetings to inform the service improvement plan. This would demonstrate a culture of continuous improvement and promote meaningful engagement. See area for improvement 1.

An improvement plan was in place, this covered person-centred care, clinical oversight and environment. This meant that we could be confident that the new manager had a good overview of the areas that required urgent attention and identify priorities.

We could see that some roles needed to be defined so that certain staff were clearer about their roles. This would add value to the outcomes for people living in the home and support the managers improvement plan.

Feedback from visiting professionals included "The manager is very approachable, keen to learn and is using our team for support and training."

We found that the service had begun to use self-evaluation, however, further work is required to develop this approach to support improvement.

Areas for improvement

1. To ensure that people's views are responded to and meaningfully direct service improvement, the provider should ensure that the views of people who live, visit and work in the service are used to inform the service development plan.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7). '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).

How good is our staff team?

4 - Good

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

People we talked with during the inspection spoke highly of the staff and the care they gave. People told us: "I'm happy here, the food is good, staff are lovely."

"The staff are friendly and kind" "Staff work very hard" "I'm happy here, the staff are lovely; I was out on Saturday." "Staff are nice." "The staff are friendly and welcoming; they know people really well."

We saw staff working hard to ensure the best of care for the people they support. There was good teamwork across the different teams working in the home which supported good outcomes for people.

The service was not yet using a dependency tool to assess the staffing levels and skill mix. However, the manager used their professional judgement based on the needs of residents. Several areas were assessed to determine that there were sufficient staff available with the right skills to support people's health, welfare, and safety needs. We saw that staff were well deployed to support people and were attentive to their care needs.

Staffing assessments are informed by an overall evaluation of the care service, its physical environment and local context. The views and well-being of staff are key factors when assessing staffing.

We saw several means of communication to ensure that appropriate information was shared. For example, we observed the handover - this is done between shifts, good information sharing and follow-up actions. We would expect to see this exchange of information formally recorded.

Staff told us they feel supported in their role through good communication with the management team and access to appropriate training. There were systems in place to ensure that staff were kept up to date with any change in people's health or wellbeing. This ensured people were supported by staff who were knowledgeable about care needs and could provide responsive support.

Areas for improvement

1. The manager should develop and introduce formal systems to continuously assess and monitor that staff are supported to improve their practice and this is ensuring good outcomes for people. Formal supervision meetings with all staff, and regular team meetings would give staff the opportunity to share and learn from

each other.

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

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).

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.

People were able to move freely around the home, which promoted their independence. There was a range of areas in the home for people to use, including a quieter sitting room. Bedrooms were nicely decorated and personalised. Families were encouraged to bring in items from home to create a space that people would be familiar with.

It would be good to see people's doors being a little more personalised to signify to them and others a bit about them.

There continued to be shared rooms within the home, but the arrangements were discussed, reviewed and recorded at resident's review meetings.

There were good standards of cleanliness throughout the home. The housekeeping team had good knowledge of their role and responsibilities to ensure that cleanliness of the home was maintained. There were effective systems in place to ensure that good standards of cleanliness were maintained. People we spoke with commented positively on the cleanliness of the home.

We looked at the records of the health and safety checks on the environment of the home and the equipment people were using. A full range of health and safety checks had been carried out recently. This ensured that all equipment was safe to use and that there were no deficiencies in the building's safety. We saw that prompt action was taken to carry out repairs and a plan was in place for decor upgrades.

The garden at the rear of the home was accessible, but people would need staff to support them to go outside. Thought should be given to look at ways to promote people's independent access to the garden. The garden area needed attention to develop it into a safe and welcoming space for people to use.

Areas for improvement

1. The provider should ensure that people experience a high-quality environment that promotes their choices and meets their needs. To do this, the provider should, at a minimum:
Ensure that upgrades to the fabric, decor and furnishings around the home continue to be cyclically planned to enhance the environment for those living with Dementia. Use the Kings fund tool to consider how to make improvements.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21), 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support' (HSCS 5.1).

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.

Personal plans were in place for all residents which detailed their current care and support needs. This ensured that staff were effectively directed to support the individual taking a consistent and agreed approach. Personal plans contained clear information to guide staff about how to best support people's health, safety, and wellbeing needs.

We found the standard of personal planning and recording was good, plans were person-centred and reflected people's personal choices and preference. Care reviews and evaluations detailed the effectiveness of the plan of care to manage individuals care needs. This helped achieve good outcomes for people.

Anticipatory care plans were in place and contained information about peoples wishes for their end-of-life care. This helped to ensure that peoples choices were respected.

Regular audits ensured that the quality of information was maintained at a good standard. The manager planned to allocate plans to specific staff to update on any changes.

Appropriate paperwork was in place for people who lacked capacity, detailing who the home should be consulting with regarding the care of the person. Systems were in place to ensure that records were up to date and were supported by the relevant documentation. This protects people's legal rights and safeguards them.

Areas for improvement

1. To improve the content of personal plans and to promote people's health and wellbeing, the manager should ensure they are continually reviewed and updated.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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 mealtime experience should be improved upon. The manager should involve the team to ensure that the mealtime experience is improved. Think about using signifiers to inform people that it is a mealtime; set the table with tablecloths, napkins, cutlery and condiments.

The provider should ensure that people are informed about meal options ahead of meals being served. Menus should reflect the choice on offer on the day.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

This area for improvement was made on 18 January 2024.

Action taken since then

The mealtime experience had improved considerably, it was now planned and managed better. More thought had gone into who sits with who, who required assistance and a general awareness of how this can impact on others.

Dining tables were laid, and each table set with nice touches that signify mealtime e.g. condiments and flowers.

Residents chose their options in the morning for the day ahead, but there were plenty of alternatives available if required.

This area for improvement has been met.

Previous area for improvement 2

To ensure that communication and feedback from people and families is consistently used to improve outcomes;

- a) the care plan should confirm when and what circumstances the family should be contacted.
- b) managers should record an overview of any themes from communication and feedback to drive improvements.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 18 January 2024.

Action taken since then

The manager being new to post has tried several ways to engage with people and their families. An overview of themes will help to drive improved outcomes for residents.

As part of residents review or admission the service now discusses and records information about who and when families wish to be contacted.

This area for improvement has been met.

Previous area for improvement 3

To ensure that people are actively involved in giving their views about the setting; how well it works for them and what could be improved. The service will seek feedback from people and their families so that they feel they are listened to and can influence changes and upgrades.

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

'If I live in a care home the premises are designed and organised so that I can experience small group living' (HSCS 5.7).

This area for improvement was made on 18 January 2024.

Action taken since then

Feedback had been sought to help gather information regarding improvements, and any suggestions for change.

The room previously used as the hair salon has been redecorated and furnished to provide an alternative quiet area for residents and families.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.