

Redford Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 April 2025

Service provided by:
Redford Nursing Home

Service provider number:
SP2003002268

Service no:
CS2003010273

About the service

Redford Nursing Home is registered to provide a care home service to a maximum of 35 older people, of which a maximum of three beds may be used for respite/short breaks at any one time. The provider is Redford Nursing Home.

The care home is situated in the residential area of Alloway in Ayr, with access to local facilities and within a short walk to the beach.

The service's annual return states that they only have 33 available beds due to double rooms being used as singles. There are 32 single rooms with nine having ensuite and shower facilities, and 17 with ensuite toilet and wash hand basin.

About the inspection

This was an unannounced inspection which took place on 23 and 24 April 2025. A feedback meeting was held on 28 April 2025. The inspection was carried out by one inspector 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 nine people using the service and three of their relatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals.

Key messages

- Good consistent management and staff team, who know people well, providing compassionate care and support with a strong person-centred approach.
- Staff team enthusiastic and motivated, and work well as a team.
- Positive feedback from people and their relatives about the staff being kind, caring and approachable.
- Provider needs to continue to invest in the upkeep and refurbishment of the environment.
- Development of the care planning documentation and medication administration records in progress.

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 found important strengths that had a significant positive impact on people's experiences and outcomes, with some areas for development to maximise wellbeing. We evaluated this key question as good.

People experiencing care should be treated with dignity and respect. We observed staff supporting people in a dignified and respectful manner. The continuity of the care staff helped them to build up good supporting relationships as they got to know individual's care needs and preferences.

People living in the care home and their relatives we spoke to commented 'staff were friendly and welcoming.' We saw some good interactions and engagement, with people being offered choices and treated with kindness and compassion.

Care and support plans were well written, with some good personal histories, and other health needs information clearly stated and available. These help to provide staff with clear descriptions and explanations of the type of support each person requires. This included their preferences and choices. These also included any risk assessments relating to physical care needs or potential dangers, which helped to support individual's health care needs and minimise any risk or dangers.

Care and support plans were regularly reviewed with the participation of the person and their relative(s) to ensure they were meeting the needs of the person. The manager and nursing staff also audited them to ensure that they were of a consistent standard and reflective of people's current care and support.

The staff team implemented a proactive approach to supporting people to engage in activities, entertainment, outings and events. These were recorded and noted in their individual care plans and reviewed regularly. This ensured that people were supported to do things that were meaningful to them, both within the care home environment and out in the local community. We discussed with the manager the need to continue to develop the programme of activities. **(See Area for Improvement 1)**

There was evidence to support that staff managed people's healthcare needs well. This included positive feedback from external professionals, who said 'staff were proactive and dependable.' Feedback received from people and their families was also very positive.

Staff were aware of people's individual dietary choices and preferences, which ensured that they were offered an appropriate diet that supported their nutritional needs. People commented positively about the quality of food and how much they enjoyed it. Mealtimes were well managed and people were supported to enjoy their meals in a calm, unhurried way. Drinks and snacks were available between meals to support people's hydration and nutrition.

However, we noticed the layout of the dining room was small and could not accommodate everyone in the care home at the same time, so alternate sittings were in place, and several people choose to have their meals in their own bedrooms, which had lovely views. People we spoke to were happy with this arrangement.

We made an early morning visit and saw that staff were promoting sleep and supporting people's choice about when they wanted to get up. People who were up and dressed were well presented.

Areas for improvement

1. Activities require to continue to develop within the service. We saw some good examples from the existing staff and this needs to be further developed by demonstrating involvement and assessment of people's likes, dislikes, hobbies and activities they like to take part in.

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

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

and

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day both indoors and outdoors' (HSCS 1.25).

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on people's experiences and outcomes, which clearly outweighed areas for improvement

The care home manager has worked in the home for several years and knows people and staff very well. This has helped to ensure continuity of management.

There was good interactions and communication between the manager and staff which helped to create good team dynamics and professional respect. This was evident in the discussions and communications observed during this inspection.

Staff, people and families commented positively on how the home was managed. Staff found the manager visible, approachable and supportive. This showed the manager was responsive to feedback and willing to learn from people's experiences to continuously improve the service.

The manager maintained a regular overview of issues within the home by implementing good auditing and quality assurance procedures. This meant any issues raised through audits, incidents or feedback were included in any action plans and resolved in a timely manner.

It was positive to see that the manager and nurses maintained a good overview of the key clinical risk areas, which helps to evaluate the quality of care and people's outcomes. This included the regular analysis of people's weight, falls, pressure areas and other incidents.

We saw that the staff team benefitted from discussions with nursing staff following any incidents within the service. This allowed an opportunity for reflection and changes to practice to be made, when required.

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.

We reviewed recruitment procedures and documentation, and found a very well organised and competent standard in place. The administrator has had many years experience working in the care home, and has good knowledge and expertise in managing and maintaining good systems, to ensure that anyone employed to work in the care home has been suitably vetted and checked.

People should have confidence that they are supported by staff who are trained, competent and skilled, are able to reflect on their practice and follow their professional codes of practice.

There was a good level of consistent staff working in the care home, which helped to provide a good standard of care and continuity. This meant staff knew people's individual support needs, personalities and characters well. This helped to create good supportive relationships, which we observed many of the staff; carers, domestic and catering staff, all able to interact with people in the care home in a sensitive and personal way.

People and relatives we spoke with commented positively about this personal approach by the staff. They said staff were 'friendly, welcoming and caring.' We also received positive comments from external professionals who said staff were 'willing to listen to advice and guidance, including attending training sessions, where they responded accordingly.'

During our inspection visits, we spoke to several staff and found them to be proactive and responsive to the needs of people living in the care home.

The records of training evidenced that staff were up to date with core training. Staff commented positively about the training they attended. They said training was 'relevant to their role and helped them improve their knowledge and practice.'

The manager ensured a regular supervision programme was in place for staff, to provide the opportunity to discuss their training and development needs, and reflect on their practice. Staff told us they felt 'supervision sessions were a good support.' This helps staff promote good practice and improve outcomes for people. Again, the continuity of the management and staff team has helped to generate a good standard of supervision and support. This helps staff to gel together and work well as a team.

There was a good consistent team of staff being led by a good manager who has a visible presence within the home. This helped to create a good ethos of teamwork and staff working well together, which helped to support good positive outcomes for people. Relatives we spoke to commented on this and were appreciative of this, which gave them comfort and confidence that their loved ones were being cared for appropriately.

How good is our setting?

4 - Good

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

People experiencing care should experience high quality facilities that meet their needs and promote independence. This maintains people's dignity and wellbeing. We reviewed the required servicing and maintenance arrangements within the home and found no issues of concern. All the necessary equipment within the home was appropriately checked and serviced as required by health and safety regulations.

The maintenance records we checked were all up to date and demonstrated regular safety checks of equipment and safety of the home were completed. The maintenance worker had a good understanding of their role and was working hard to maintain a safe environment for people in the care home.

The home had a good standard of cleanliness throughout, there were no offensive odours and the environment was homely and well presented. This was down to the hard work and effort by the domestic and housekeeping staff. They demonstrated good knowledge of their roles and responsibilities to ensure that cleanliness of the home was maintained.

There were effective systems in place to ensure that there were good standards of cleanliness. We observed the domestic staff to be knowledgeable about cleaning products and their use. We also noted how well they engaged with people in the care home. We saw some really nice engagement and interactions between people and staff.

It was positive to see that the home maintained good standards of infection prevention and control practice. This was supported by robust quality assurance. It meant that staff had easy access to sufficient personal protective equipment (PPE), alcohol based hand sanitiser and waste bins. This helped keep everyone in the home safe from infection.

The fabric and furnishings were appropriate and suitable for older people. We noted domestic staff adhered to robust cleaning schedules. However, we also noted the home could do with some redecoration and refurbishment. **(See Area of Improvement 1)**

We heard from the manager about the owner/provider's attempts to refurbish areas of the home, that were perhaps a bit dated. This will help to further improve the environment and standard of the home. We also advised that the owner/provider ensures all necessary servicing and regular maintenance documentation is available to the manager and maintenance person, when required.

Areas for improvement

1. The provider should continue to invest in the upgrading and refurbishment of the care home environment. We heard about future plans for further refurbishment of various rooms within the home and this was encouraging.

The owner needs to ensure that the maintenance documentation is available to the manager and maintenance person at all times in relation to the servicing and maintenance records.

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

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

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.

We reviewed the care and support plans and saw they were completed with good detail and had a strong person-centred approach, which helped to ensure people's individual character and personality were as important as their identified health care needs. This helped to provide a good personal picture of each person and their life history.

We saw that people were involved in the process of developing the content of the care and support plans, which again helped to create a positive inclusive experience, making them feel relevant and that their views and opinions mattered.

We also saw that relatives were fully involved and updated on any changes or developments relating to their loved ones' care needs. This gave the staff team people's arrangements, including their relatives, to ensure the person was supported in the way they would wish to be. This was clearly evident in the interactions we witnessed during our inspection visits and the feedback from people and relatives we spoke to.

We found some good examples of how this can be done in the documentation completed by the home's activity coordinator. We discussed with the manager how this could be consistently implemented across all care plans.

Care and support plans were regularly reviewed and updated, which helped to guide staff to provide the right level of support in a consistent standard. Risk assessments were completed and updated to reflect any potential danger or risk to an individual. This helps to reduce and minimise the risk, whilst safeguarding people living in the care home.

The care plan documentation included good information regarding people's choices and preferred routines. This ensured that people's choices and preferences were respected. Care plans were being regularly reviewed and audited to ensure they were accurate, up to date, and reflective of the individual's current care and support needs.

There were good comprehensive clinical governance processes in place, which informed regular reviews and discussion about the management of people's clinical risks. This ensured that people's healthcare needs were effectively supported. Staff had also built up good relationships and support with external medical and health professionals to ensure people were properly supported and could access relevant health care depending on their individual health needs.

Areas for improvement

1.
The service should continue to develop the standard of the care and support plan documentation to ensure there is a consistent standard across all care files. This is to continue to progress and implement the good standard of person-centred approaches we saw in some of the sample files we reviewed.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.23).

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 quality of record keeping in relation to skin care and wound management should be improved by:

- a) delivering additional learning for staff using good practice resources;
- b) undertaking robust risk assessments;
- c) developing detailed care plans for the prevention and management of skin care issues; and
- d) regularly reviewing skin care risk assessments and care plans.

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

'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).

This area for improvement was made on 24 July 2023.

Action taken since then

We reviewed the care and support plan documentation, and checked personal care records including any specific wound management and treatment plans.

We saw that the manager maintained a good oversight of these issues, and nursing staff were competent and knowledgeable of the tissue viability procedures and practices. There was also evidence of appropriate referrals and contact with other professionals for support and advice.

This Area for Improvement has been met.

Previous area for improvement 2

Induction procedures and records should be reviewed and improved, to ensure that new staff receive the role specific training they need in a phased and prioritised way.

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

'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).

This area for improvement was made on 24 July 2023.

Action taken since then

We reviewed the recruitment and induction documentation and found a good standard and competent administrator in post with several years experience in maintaining the appropriate procedures and documentation.

The manager ensured that all new staff completed an appropriate induction check sheet and this was signed-off by the new staff member and nurse or manager.

This Area for Improvement has been met.

Previous area for improvement 3

The staff supervision process should be reviewed to include an enhanced focus on caseloads, training and development, goal setting, Health and Social Care Standards, and registration with the NMC/SSSC. More emphasis on reflective practice, where staff consider how their learning impacts on their practice and the aspects they could develop, should also be established.

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

'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).

This area for improvement was made on 24 July 2023.

Action taken since then

We checked to ensure that all staff were appropriately registered with the relevant authorities, such as NMC for nurses and SSSC for care staff. These records were in place and being monitored on a monthly basis.

We also saw that the manager had a good system in place for regular supervision of staff. This is a small care home and some of the staff team have worked together for many years. This helps to build good team dynamics and also support newer staff settle into the care home.

We spoke to staff and observed good team work and respect demonstrated in their approach and ethos of care.

The manager provided a good role model, as did the nursing staff.

This Area for Improvement has been met.

Previous area for improvement 4

To ensure people using care services benefit from dynamic, innovative and aspirational care and support planning, which consistently informs all aspects of the care and support they experience, personal plans should be reviewed to improve recording in relation to; care planning, meaningful involvement, adopting a strengths-based approach, outcome-focused evaluations and reviews, support to maintain meaningful connections and a strong link between risk assessments, care plans and supplementary records.

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

'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).

This area for improvement was made on 24 July 2023.

Action taken since then

The manager is in the process of updating and developing care plans to represent a more person-centred approach. We saw some examples of good person-centred documentation in situ, and this helped to reflect the needs of the individual, but also focused on their individual character and personality.

This helped to create a more personal approach to care, and staff who have worked there for many years have gotten to know people really well. This was evident in the regular daily interactions we witnessed during our inspection visits, and also from the positive feedback we received from people and their relatives.

This will take time to ensure this is embedded fully in all the care planning documentation, and as such, we will repeat this Area for Improvement and review at the next inspection.

This Area for Improvement has not been fully 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?	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
4.2 The setting promotes people's independence	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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