

Templeton House Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 June 2025

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 Ayr town centre. It is registered to provide a service to a maximum of 69 older people. There were 65 residents using the service at the time of the inspection. The provider is Windyhall Care Home LLP.

Accommodation is provided over three floors - the garden level, the ground floor at street level (which includes the main entrance) and the first floor. The first floor area also houses the catering department, staff area and additional office space.

The home has a large, secure garden to the rear. There is parking, including disabled parking to the front. The home has two lifts and disabled access to all areas. Residents have good access to an outside space, either the garden or furnished balconies.

All bedrooms are single occupancy with en-suite showers. Assisted bathing facilities are available to support individuals with reduced mobility. There is a choice of lounges and dining areas in each of the three units. The environment is maintained to a high standard with very good facilities, including a cinema room, a library and a hairdressing/beauty salon.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 June 2025. 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 17 people using the service and 10 of their relatives and reviewed 16 completed questionnaires
- spoke with 15 staff and management and reviewed 17 completed questionnaires
- observed practice and daily life
- reviewed documents
- received feedback from four professionals familiar with the service.

Key messages

- Residents experienced compassionate, responsive support from skilled and caring staff who were familiar to them and this promoted their health and wellbeing.
- Effective leadership supported a culture of continuous improvement that would be further strengthened by impactful development planning.
- Professional, knowledgeable staff delivered high standards across all departments. Additional dementia training would further support staff in their role.
- Skilled personal planning informed support tailored to people's individual needs.
- Residents benefit from high-quality facilities.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very 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

We found major strengths that had a positive impact on people's experiences and outcomes. We evaluated this key question as very good.

Residents, families and visiting professionals were of the view that health and wellbeing needs had been well managed and told us they had developed positive relationships with staff. Throughout the inspection, we observed staff interacting with residents in a warm, kind and responsive manner that demonstrated genuine care and concern. We received positive feedback about staff with comments including:

'The care given to my mother at Templeton House is excellent. She is very well cared for and is completely settled. Every member of staff is excellent. They have the residents' care first and foremost.'

'Well-being is a big part of the activities staff, encouraging movement and exercise by playing games, and dancing to music, also exercise classes. The staff on all floors encourage the residents to take part in what they are physically and mentally capable of.'

'I feel I have been fully involved in decisions about my care and support. My son also helps me with decisions.'

'In my experience, staff are well attuned to residents' needs and adapt their care and support strategies to ensure emotional, social, and physical well-being. They also extend this care to families. Overall, I believe Templeton House upholds the values we expect from a service dedicated to supporting older adults - particularly those with complex needs requiring 24-hour care. Residents are treated with respect, empathy, and compassion. Visiting professionals are equally valued; the staff are collaborative, open to multi-agency working, and have gone out of their way to accommodate specific requests.'

Residents' physical and mental healthcare needs had been assessed by skilled and knowledgeable staff. Risk assessments and care plans had been developed in response to people's identified needs and had been reviewed regularly. This had informed and enabled staff to deliver tailored support that met residents' health and wellbeing needs. We found examples of positive healthcare outcomes, for example, stabilising weight loss, preventing falls and improved mental health.

In our discussions with staff, it was clear that they knew individual residents well. This had enabled them to recognise any health related concerns quickly with staff escalating concerns to senior colleagues or to the relevant external healthcare professionals. This vigilance, and the good working relationships staff had developed with community healthcare colleagues, meant that people had experienced treatments and interventions that had been safe and effective.

Robust clinical audits had enabled senior staff to monitor key areas of risk for individual residents, maximising health and wellbeing through a team approach. Shift handovers and the informative daily 'flash' meetings had supported good communication across the staff team with key information being shared and acted on.

Detailed and person-centred care plans developed for the management of stress and distress had informed staff how to deliver compassionate and tailored support. We discussed with the management team how additional learning in the consistent use of respectful dementia-friendly language would enhance these

records further. During the inspection, we observed staff supporting individuals who became anxious or distressed with patience and compassion.

Supporting people experiencing care to be as active as possible and offering daily opportunities to participate in a range of recreational activities, both indoors and outdoors, promotes wellbeing and enables people to get the most out of life. Staff understood the importance of meaningful activity and occupation, delivering a wide range of creative, enjoyable and beneficial activities, including physical activities and exercise. We were able to observe the positive impact of some of these activities during our visit. We discussed with staff the benefits of exploring additional, good practice initiatives such as Namaste and Playlist for Life, particularly for individuals with more advanced dementia.

Medication had been well managed and this helped to keep people safe and well. It was positive to see that staff had supported residents in ways that minimised the use of medicines that can have unwanted side effects, with protocols in place for the use of covert and 'as required' medicines. We discussed with the management team the need to ensure that these protocols were reviewed on a more regular basis to ensure they are accurate and fully reflect the support being provided. The management team were planning to deliver further learning to staff around recording balances received and carried forward. This was to support medication auditing processes..

Residents should be able to enjoy their meals in a relaxed and unhurried atmosphere. We observed attentive staff managing mealtimes well, providing discreet and responsive encouragement and support. Choices were offered and alternatives provided to help maximise food and fluid intake. The people we spoke with told us they enjoyed the food provided. Catering staff had a good awareness of people's nutritional needs and preferences with menus offering good variety and ample food, drinks and snacks throughout the day and overnight if needed. We saw that concerns had been closely monitored with staff proactively supporting residents to maximise their food and fluid intake. The management team were aware of the need for staff to include more specific detail in food and fluid charts and were acting on this.

Infection prevention and control (IPC) measures had become well established and we observed high standards of hygiene and cleanliness throughout the care home, delivered by a skilled housekeeping team. Staff had a good awareness of IPC measures and demonstrated this in their practice. This helped to protect people from the risk of infection.

How good is our leadership?

4 - Good

We found strengths that had a positive impact on people's experiences and personal outcomes, with some areas for improvement that would further strengthen the approach to quality assurance. We evaluated this key question as good.

People experiencing care and their families need to have confidence that care services are well led. The people we spoke to during the inspection expressed confidence in the management and staff team and were positive about communication and the quality of care and support provided, commenting:

'Excellent communication by the Templeton House team keeps me fully up to date.'

'The new manager has (or is in the process of) responded effectively and efficiently with a request for improvement I had. Staff are patient and attentive. Excellent staff. Excellent (leadership), open to comments and overall improving.'

'A very good management team, and very approachable.'

'Telephone and email contact with deputy manager and manager, both always incredibly helpful and good at communication. One matter I have had to raise was dealt with quickly and efficiently, and taken seriously, with feedback given.'

'The support from the regional support manager and the regional director, especially with a new management team, is great and they are always on the end of the phone. The team leaders are a great support to the nurses and run the suites well.' (staff).

Managers demonstrated a culture of openness and working in partnership with others and this had developed an ethos of trust and respect. People told us they felt confident that any concerns would be listened to and acted on in a professional manner. The commitment to the ongoing development of the service and a good awareness of what was needed to progress demonstrated good capacity for improvement. The senior team also had good oversight of the overall service and this had promoted safe working practices and the protection of people being supported.

Quality assurance checks and audits are needed to monitor, maintain and continuously improve standards of performance that deliver positive outcomes for people. We saw that a wide range of checks and quality audits had been carried out to identify areas for improvement as well as acknowledging compliance with good practice. Audits had covered the aspects of the service that we would expect to see and there was an intention to trial more in-depth audits of each unit on a rotational basis instead of a sampling approach which was a good idea. Robust clinical oversight promoted residents' health and wellbeing, as well as ensuring good communication across the staff team. Action plans had been developed to inform and monitor the planned improvements. We suggested that the inclusion of outcomes linked to the Health and Social Care Standards (HSCS) would further enhance quality assurance processes and the evaluation of people's experiences.

It was positive to see some of the wider staff team involved in quality assurance activities with managers monitoring outcomes to maintain standards. This raises awareness of good practice, promoting responsibility and accountability across the staff team. Meaningful reflection on accidents and incidents demonstrated a learning culture and a commitment to use this learning to embed improvements that benefitted residents.

People experiencing care and their families should be supported to understand the standards they should expect, as well as being involved with the service in meaningful ways to encourage the sharing of views and ideas. This enables people to feel empowered and valued. It was positive to find a culture that welcomed involvement and people appreciated the 'open door' approach taken by the manager. We discussed with the management team how this could be further strengthened, ensuring that people experiencing care and their families are well informed about the range and frequency of the opportunities available to them.

The service development plan implemented to inform and prioritise the future direction of the service was in need of revisiting. One of the key initiatives related to dementia care and staff development with plans to review the impact of this learning in promoting positive experiences for people living with dementia. When reviewing the development plan, we suggested linking actions to the relevant HSCS to continue to raise awareness (see area for improvement 1).

Moving forward, self-evaluation against the HSCS and the quality framework for inspection should be progressed in partnership with people experiencing care, their families and the staff team. The outcome

should be used to inform the wider development plan with people's needs and wishes being acknowledged as primary drivers for change.

Areas for improvement

1. So that people experiencing care and their families benefit from a culture of continuous improvement, the service development plan should be updated and shared with people experiencing care, their families and the staff team to inform and prioritise the future direction of the service. This should include a dementia strategy that focusses on high quality care for people living with dementia.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our staff team?

4 - Good

We found important strengths that had a positive impact on people's experiences and outcomes, with some areas for improvement that would further enhance staff learning and support. We evaluated this key question as good.

People experiencing care should benefit from staff having the necessary skills, knowledge and competence to deliver the right support in a consistent and responsive way. The staff we met with were professional, knowledgeable and motivated to achieve good outcomes for each individual. Feedback from residents, relatives and visiting professionals was positive about the staff team as a whole, telling us they worked well together to achieve this aim. Comments included:

'The high staffing level certainly gives the care staff the time to spend with their residents to deliver the highest standard of care.'

'Staff are patient and attentive.'

'Staff have taken time to get to know him and my Dad's care is so good he thinks he's in a top hotel. They were so patient - I can't praise the staff highly enough. They go to such lengths to keep him occupied. We are so pleased with the continuity of the staff. If there are any changes, they let us know. They are respectful and patient and professional with my Dad.'

'Staff always get along, joking with others, not seen any arguments between them.'

'Cannot fault staff - they are always pleasant and eager to help.'

The recruitment of new staff had been well managed with the required checks in place prior to commencing employment. This protected people experiencing care. A comprehensive induction programme helped new staff to settle into their role.

Staff across all departments told us they felt well supported by colleagues and their management team and were clear about their individual roles and responsibilities. Although a small number of staff felt that staffing levels could be better, feedback from the staff team was very positive about working in Templeton

House and the high standards of care and support they were able to provide, commenting: 'I feel that Templeton House treats our residents like family;' and 'Staff care a lot regarding residents, good interactions between staff, residents and families.'

The training programme was suited to meet the needs of residents and there had been a high level of compliance with mandatory and essential training. Systems were in place to record the training undertaken and the management team monitored this to prevent training from becoming overdue, which can compromise staff practice. It was positive to see the introduction of 'champion' roles being progressed with protocols for each role under development. We will measure the impact of these roles at future inspections.

Direct observations of staff practice are necessary to assess competency and compliance with good practice and the principles of the HSCS. These had been undertaken and this provides learning opportunities for staff where good practice and areas for improvement can be acknowledged and further reflected on during the supervision meetings in place. We asked the management team to ensure that supervision meetings include a clear focus on staff wellbeing and that this is discussed in a meaningful way.

Throughout our visit, we saw that residents were comfortable with staff and had good relationships with them. Residents benefitted from a warm, upbeat atmosphere as a result of staff across all departments working well together in a supportive and respectful way. We saw that residents experienced a good level of positive interaction with staff outwith care duties, demonstrating an approach that was not task orientated. This allowed people to feel acknowledged and valued.

Good communication, information sharing and reporting of any concerns to senior colleagues had enabled the staff team to meet residents' needs effectively. Visiting professionals commented:

'Excellent communication skills in identifying how to support residents. Care staff follow through on recommendations provided. I always find them empathetic and caring.'

'The staff team is responsive and highly knowledgeable. While they are open to considering referrals, they remain mindful of the home's dynamics and ensure that prospective residents are a good fit - demonstrating a thoughtful, person-centred approach rather than one driven by financial priorities.'

Team meetings are a useful means of sharing information, problem solving, improving performance and building teamwork. They help to clarify future actions and promote a shared sense of purpose. The management team were going to explore with staff how team meetings would be taken forward in a more purposeful way using a shared approach towards agendas and action planning.

Some staff felt they needed more dementia training and we agreed with this. We discussed the benefits of developing a dementia strategy for Templeton House that would support learning for staff as well as developing other aspects of the service such as the environment in Arran unit. The impact of the learning undertaken on staff practice should be evaluated to demonstrate that all staff display person-centred values towards people living with dementia (see area for improvement 1).

The staffing method framework should be expanded to include staff feedback, clinical governance, people's views and so in accordance with good practice guidance. We asked that the staffing method framework used to calculate staffing in the service be added as a standing meeting item as staff were still unclear as to how staffing levels and skill mix had been decided on (see area for improvement 2).

Areas for improvement

1. Action should be taken to ensure that staff undertake additional training that will ensure people living with dementia receive consistently high-quality care and support reflective of good practice and the principles of the Health and Social Care Standards. The impact of the learning undertaken on staff practice should be evaluated to demonstrate person-centred values.

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).

2. The management team should expand the staffing method framework to consider and link additional aspects of workforce and workload planning that deliver positive outcomes for people as well as supporting the wellbeing of staff. This includes, but is not limited to, staff feedback, clinical governance and people's views. Staffing assessments should regularly be shared with residents, families and staff in an open and transparent way.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our setting?

5 - Very Good

We found important strengths that had a significant, positive impact on people's experiences and outcomes. We evaluated this key question as very good.

People using care services should experience high-quality facilities that meet their needs. Templeton House provided a welcoming, comfortable and homely setting. We saw that décor, fixtures and furnishings were of a high standard overall. Bedrooms were all single with en-suite facilities, including showers, promoting privacy and dignity. Staff had supported residents and their families to personalise bedrooms, giving people a sense of ownership over their private space. Whilst the care home had a warm and vibrant atmosphere, noise levels that could cause some residents to become anxious or distressed remained low. The residents and relatives we spoke with were all very complimentary about the quality of the home environment describing it as 'beautiful' and 'spotless'. Other comments included:

'It is nice, spacious room. Very comfortable. Lovely view of the garden.'

'Lovely care home - extremely comfortable and the grounds are beautiful.'

'(Relative) has a fantastic room with some of his own furniture. Excellent balcony and view. Gardens are well maintained.'

'No concerns regarding the internal or external environment.'

The environment had been designed to meet people's physical needs with good accessibility into, and throughout the premises and the garden. This allowed residents to move around the home with ease, with

support from staff where needed. Any equipment needed to meet people's needs had been provided and well maintained so that staff could support residents safely.

There was a choice of spacious and attractively presented private and communal areas available where people could spend their time. This meant that people had the choice to come together to enjoy each other's company and social opportunities or spend time alone if this was their choice. Access to balconies and the secure garden was good so that residents could enjoy fresh air and the outdoors. We observed residents enjoying spending time walking in the garden during our visit. Residents also benefitted from very good facilities that included a library, a cinema room and a hair/beauty salon.

Housekeeping staff worked hard to maintain a clean and fresh environment with clear protocols in place for cleaning and disinfection. This helped to protect people from the risk of cross-infection as well as making the care home a pleasant environment to live in and visit.

Robust maintenance arrangements and an experienced and vigilant staff team meant that the setting offered security and safety from avoidable risks or harm. This included equipment used to meet the needs of residents.

The provider had continued to invest in the premises and plans were in place to replace some furnishings that were past their best. We discussed the need to continue to develop the dementia-friendly environment in Arran unit in accordance with good practice such as the 'King's Fund Environmental Assessment Tool'. This would promote people's orientation, independence and engagement with their surroundings.

Although the large garden was well maintained overall, there were areas that were in need of attention, such as raised beds and outbuildings. We discussed how this could be addressed to make this valuable space more functional and interesting to promote more engagement and occupational outdoor activities.

How well is our care and support planned?

5 - Very Good

We found major strengths that had a positive impact on people's experiences and outcomes. We evaluated this key question as very good.

People using care services should benefit from dynamic, innovative and aspirational care and support planning which consistently informs all aspects of the care and support they experience. The personal plans we reviewed contained detailed information about residents' needs and preferences with staff valuing the importance of recognising each resident's life history and the relationships that were important to them. This showed that staff knew each individual well and evidenced consultation with residents and their families when compiling personal plans. This enables people experiencing care to lead and direct the development and review of their care and support plans in a meaningful way. We discussed the importance of continuing to reflect partnership working with people experiencing care when introducing the electronic care planning system as this can be less accessible for some people.

Residents benefitted from care and support planning that skilled and knowledgeable staff had used to meet their assessed needs. Records had been reviewed and updated regularly, reflecting the involvement of other parties, such as healthcare professionals, in response to individual needs. This meant that the care and support being delivered was responsive to residents' changing needs. Overall, we saw that risk assessments and associated care plans linked well and had been reviewed and updated regularly to reflect any changes.

Personal plans should contain details about preferences, needs and support to maintain meaningful connections and relationships. We found that this had been well managed. People's needs and wishes regarding support to maintain meaningful connections with those important to them had been recorded in their personal plan, including named visitors in the event of any restrictions.

It was positive to see that, in addition to support needs, staff had adopted a strength-based approach that reflected people's abilities and the promotion of independence in most of the personal plans we reviewed. Action should be taken to extend this to remaining personal plans.

Six-monthly reviews had focussed on what was most important to each resident. This meant that reviews were inclusive of their priorities in addition to those of their relatives and the staff team. Whilst positive overall, evaluations and reviews should consistently capture people's experiences in an outcome focussed way to evidence the impact and effectiveness of planned care.

A few staff commented on personal plans being stored in the staff office, making them less accessible. We confirmed that personal plans could be accessed by staff if they wished to do so and that the management team would be ensuring this was the case as part of revised key working arrangements.

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

There should be a co-ordinated approach to pain management particularly when medication, such as morphine sulphate, has been prescribed for a person. There should be a well documented record to guide staff, informed by appropriate pain assessment tools.

This is in order to comply with:

Health and Social Care Standard 1.15: '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.'

This area for improvement was made on 12 December 2024.

Action taken since then

Detailed pain management care plans had been developed setting out residents' needs and how these were to be met. We found evidence of regular assessment with staff responding to changing needs and requesting input from GP's when medication was in need of review. We saw that pain assessment tools had been used properly and concluded that residents' pain control had been well managed in a way that delivered good outcomes for each individual. However, some of the records we reviewed were inconsistent and were not fully up to date with evaluations not always reflecting the positive outcomes we identified. Action should be taken to review and monitor these records regularly to ensure they remain fully accurate, consistent and up to date.

We continued this area for improvement.

Previous area for improvement 2

There should be effective communication and decision making discussions between staff regarding pain indicators and pain management for people. Communication amongst staff should be well documented and shared for the benefit of people experiencing care.

This is in order to comply with:

Health and Social Care Standard 3.19: 'My care and support is consistent and stable because people work together well.'

This area for improvement was made on 12 December 2024.

Action taken since then

See action taken under area for improvement 1 above.

We continued this area for improvement.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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