

Ainslie Manor Nursing Home Care Home Service

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Girvan
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Type of inspection:
Unannounced

Completed on:
27 June 2025

Service provided by:
Cumloden 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 rooms are comfortable, spacious with en suite wet floor shower rooms. The service provider is Cumloden 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 in the home when we visited.

About the inspection

This was an unannounced inspection which took place on 24 and 25 June 2025, between the hours of 09:00 and 21:00. 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 since the last inspection.

In making our evaluations of the service we:

- spoke with 13 people using the service and nine of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff cared for people with kindness and compassion. They had developed warm relationships with the people they support.
- We observed that staff engaged with people and their families in a natural, warm and respectful way.
- People spoke positively about the care and support they received.
- We noted sustained improvements in the monitoring of peoples health and well-being.
- People were supported to maintain their independence, social connections and links with their local community.
- We found that the service was not yet undertaking self-evaluation; developing this approach will support improvements.

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 staff team?	4 - Good
How good is our setting?	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.

During the inspection we observed staff engaging positively with people experiencing care. Staff were respectful and attentive, taking the time to support people at their own pace. Staff knew people well, this demonstrated that people were valued and treated as individuals.

People receiving support commented "I am very happy with the care and support I receive."

"The staff are always available and happy to help me when I need it."

"The staff treat me and my mum like family, the care is outstanding."

"I am very happy with the care from staff."

People experiencing care had access to a range of support from specialist health and social care professionals to ensure that their health needs were met. We saw good evidence of people's health being monitored and reviewed, promoting positive outcomes.

Medication was handled safely and inline with current guidance, meaning people had their prescribed medications as detailed, promoting good health outcomes. We also saw that people had their medication reviewed regularly. However, any variations and the effectiveness of as required medication should be formally recorded. This provides clear information whether it meets their identified health need or not; and therefore can be reviewed appropriately.

Staff had been trained and were competent in knowing when to escalate health matters that were beyond their remit. Families told us they were satisfied that they were involved and updated on any changes with their loved ones health. Comments included "They are good at keeping me updated on his health and wellbeing." "We can ask them anything. They do a great job."

Robust personal plans were in place to guide staff how best to support the person inline with their needs, wishes and preferences. Where we saw some nice person-centred information about what was important to people this should be more consistent across the home.

Information about what the person is able to do independently and what staff should assist with was well-detailed. However, some charts were not fully completed, also some risk assessments had conflicting information, or did not have a related care plan. (See area for improvement 1).

The mealtime experience had improved, it was well planned meaning people enjoyed their meals in an unhurried, relaxed atmosphere. Staff had the knowledge and skills to appropriately assist people who required support to eat and drink. Support was provided in a way that maximised independence, dignity and respect.

People experienced meaningful contact that met their outcomes, needs and wishes. This was both within and out with the home with others who were important to them. We saw evidence where people had been supported to maintain connections with groups they had been part of previously.

The team were proactive, responsive and flexible in how they ensured people stayed connected, felt engaged and part of their community. We heard lots of examples of how they had made outings happen for people, one gentleman went to the pub to meet his friends. This had meant a lot to him and his family.

Families told us that visiting was open, they could visit their loved one when it suited them. A husband told us "I can pop into see her several times a day."

There was availability of private space for visits if families preferred. People were also supported to go out with family or use technology to stay connected with those who lived further afield.

It was good to see the team respond to the need for some people to have a sense of occupation. For example, one man enjoyed shadowing the maintenance man, this reminded him of his own working life. Staff supported people to remember and celebrate important occasions and life events of those important to them. There was a couples Valentines lunch prepared and set up in the dining room. This meant a lot to those who attended, they felt the efforts made had a lovely and thoughtful impact on them and their spouse.

Areas for improvement

1. To support improved recording of health outcomes for people, the manager should: ensure that when updating personal plans they are consistently reviewed and any related information is noted in risk assessments and any other documents. Where required personal plans should be in place for each area of care, for example wound care. It is important for the manager to have a consistent clinical overview of all aspects of peoples health. Therefore ensuring that when charts are required they are fully completed or not in place if not required. For example food and fluid charts.

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).

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 could be confident that staff were recruited in a safe manner, adhering to up to date guidance and procedures. We saw that the skills, experience, qualifications and values of those working within Ainslie Manor were documented appropriately. We sampled folders for new staff and found improvements in the content and stringent checks ensuring that core elements of the procedure were followed.

To ensure people are kept safe, staff do not start work until all pre-employment checks have been concluded and relevant mandatory training has been completed. The service use thorough recruitment processes to make sure that only suitable people with appropriate attitudes and values, and the potential to gain the necessary knowledge and skills, enter the workforce.

The induction is thorough and has been developed to enable staff to support the needs and outcomes of people living in the home. Managers had a good overview of what level of induction new recruits required; this meant it was tailored to their skills and experience. Newer staff told us that the induction process gave them clear information about their roles and responsibilities, relevant legislation and the policies and procedures they must follow in their work.

The managers drove a values-based recruitment approach, whilst addressing the recruitment challenges currently facing the sector. This meant employees matched the needs of the service. This is important when recruiting as this is an important element of building a strong, stable staff team which supports better outcomes for people.

There was a clear training plan for the whole team, highlighting mandatory training that staff need to have completed before commencing shifts. Followed by ongoing training that staff are required to do as they develop in their role.

We saw examples of observations done on staffs practice, it was not clear how effective they were as they did not pick up on any actions or issues. Managers should ensure that senior staff undertaking these evaluations understand how they contribute to the evaluation of staff values, communication and further development needs.

Ongoing supervision sessions continued to take place; as a result, staff felt well supported and confident in carrying out their role. There was additional supervision in the first few months of employment to discuss any learning needs or issues.

Staffing arrangements were right, and staff worked well together; the dependency tool in place informed staffing ratios and provided the rationale why. The deployment of staff took into consideration the continuous assessment of peoples needs and wishes. This included a range of measures, which could be improved if linked to quality assurance.

The assessment included taking account of the complexity of people's care and support in particular considering busy points of the day/night. We could see how the process was effective; as the manager had responded to certain times of the day when more staff were required.

The culture of the staff across the home was much more positive, they told us they were happier at work. They were flexible and supported each other to work as a team to benefit people living at Ainslie Manor. Staffing arrangements allowed for more than basic care needs to be met and support people to get the most out of life. Staff had time to provide care and support with compassion and engage in meaningful conversations and interactions with people.

Motivated staff, effective deployment and good team working meant that staff spend as much time as possible with people. This enhanced the experience of consistency and stability in how their care and support was provided and their ability to build trusting relationships with staff members.

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.

We saw evidence where residents had influenced the setting and decided on choices on décor and colour schemes. Peoples' bedrooms were personalised, and they had their own items and furniture and were supported to use their own space as they wished.

The setting promotes independence, and this impacts positively on people by encouraging their movement or increasing their independence. This enhanced people's choices as to where they spend their time. Everyone can independently access all parts of the home; however, this did not include the rear garden, (see area for improvement 1). Outdoor space was not being used to its potential and not freely accessible to people. This was due to the risk-averse approach to the use of any of the outdoor space around the home.

Those with a physical, sensory, mental health, dementia or other cognitive impairments are supported through the provision of signage where appropriate.

People benefit from options to keep connected using technology such as radio, phone, TV and the internet. The activities staff also utilise an interactive screen for puzzles and quizzes etc; people can also keep in touch with relatives and listen to music.

People were encouraged to keep as active as possible, to support them in maintaining their mobility and independence. Staff had engaged people with activities within and out with the home.

We heard lots of successful stories where people had been able to exert their needs, choices and preferences for independence. For example a small group of ladies accessed Dailly private gardens which only open to the public in May.

There was lots of evidence of what people had been enjoying in recent months displayed on the corridor walls.

Areas for improvement

1. To support people's health and wellbeing the provider should ensure that the facilities of the garden are of a high standard. By ensuring that people can access the garden independently if they are able.

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).

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

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).

This area for improvement was made on 13 December 2024.

Action taken since then

The manager had sent questionnaires to residents, family and staff for feedback on the service and to identify targeted areas of improvement.

The manager had also reviewed shift scheduling to provide increased opportunity for activities/meaningful engagement to improve peoples' experiences.

This area for improvement has been met.

Previous area for improvement 2

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).

This area for improvement was made on 13 December 2024.

Action taken since then

We saw that supervision meetings with all staff, and regular team meetings created opportunities to share learning and promote a continuous improvement culture.

There were also regular competency checks and observations of practice conducted to monitor and assess staffs' skills and knowledge.

Previous area for improvement 3

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).

This area for improvement was made on 13 December 2024.

Action taken since then

We noted several improvements in the environment that enhanced peoples outcomes. For example, the mealtime experience had improved due to the use of the Kings fund tool. Research suggests that individuals with Dementia are more likely to finish their meal when served on a Blue, Red, or Yellow plate. Blue coloured cups and plates had been introduced to increase the likelihood of peoples' hydration and nutrition outcomes.

Managers had created a small lounge area within the dining room, where people could choose to be instead of the busy main lounge. The quiet lounge was well utilised as a way to provide options for people to opt out if they wanted to.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 13 December 2024.

Action taken since then

We could evidence that personal plans were being reviewed, however, it was not clear that they were being consistently updated.

Improved content and person-centred information about what is important to person.

Detailed information about what they are able to do independently and what staff should assist with. Risk assessments were also in place but we found conflicting information, some risk assessments did not always have related care plan. (See new area for improvement 1).

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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good

How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good

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