

Ashley Court Care Home Care Home Service

33 Craighouse Terrace
Edinburgh
EH10 5LH

Telephone: 0131 447 2345

Type of inspection: Unannounced
Inspection completed on: 30 September 2016

Service provided by:
Randolph Hill Care Homes Ltd

Service provider number:
SP2003002451

Care service number:
CS2003010612

About the service

Ashley Court is owned and managed by Randolph Hill Group Ltd. The home is registered to provide accommodation and support, including nursing care to a maximum of 57 older people, including individuals with a diagnosis of dementia. During our inspection there were 50 residents living at Ashley Court, numbers were slightly lower due to some refurbishments works that are being carried out in the home.

The current refurbishment includes creating extra space by removing a fire exit from three floors, and creating a residents's kitchen with disabled access and facilities. This will enhance the experience for residents who would like to be involved in food preparation. A hairdressing salon is being created away from the front entrance to provide privacy and additional space. Further work is being carried out to ensure bedrooms will have en suite shower rooms and the assisted bathrooms on each of the three floors will increase in size and be fitted with overhead tracking hoists for the benefit of frail residents who can then enjoy an immersion bath. It is also planned for the resident lounge on the middle floor to have a floor to ceiling picture window. Improvements also include a new heating system with new boilers and heaters being installed. All residents and relatives were consulted prior to the works commencing and kept informed of the works being carried out.

Ashley Court is a purpose-built home over three floors within a popular residential area of South West Edinburgh near to local transport links, amenities and near the City Centre. There are lounges on each floor as well as a dining room. There is an enclosed secure garden for residents to enjoy.

Ashley Court's aims and objectives state that they will 'provide a service which best suits residents on an individual basis. The service will be provided in a homely atmosphere where residents will be treated with dignity and respect.'

What people told us

During the first day of our inspection, we used an inspection volunteer to assist us with obtaining the views of residents and relatives. An Inspection volunteer is a member of the public who volunteers to work alongside the Care Inspectorate inspectors during the inspection process. Inspection volunteers have personal experience of either being involved with services themselves or being a carer for someone who uses or has used care services. The comments and observations of the inspection volunteer have been incorporated into this report.

We issued 20 Care Service Questionnaires to residents and eight were returned to us. One of the questionnaires had a comment which read "The quality of care and support are very good".

Five people agreed strongly with the statement "I am confident the staff are meeting my healthcare needs" and three people agreed with the statement.

We spoke with six residents in their rooms, of which three were able to express their views. They told us they were happy living at Ashley Court and were pleased with their rooms that they could personalise.

We also spoke with two residents during lunch who told us they liked the food a great deal and told us that "staff were wonderful."

Our inspection volunteer spoke with 12 residents and a selection of comments are highlighted below:

"The food must be good - I eat it all"

"The food is good, I can always ask for something else"

"I like living here"
 "I'm lonely"
 "I get up when I want to"
 "They have events out in the gardens in the summer"
 "The toilet in my room is not working and I don't like going along the corridor at night"
 "The handyman is brilliant - just ask and it's done"
 "Staff are very kind" and "Day staff are excellent"
 "Activities team excellent"
 "They keep me clean and are always checking I'm ok"
 "Some members of staff are not as good as others - they say they are busy but will be back in a couple of minutes, then don't return - I feel forgotten about"
 "I had a problem with her (the manager) about my toilet but she seems to be getting it sorted out now"

We issued 20 Care Service Questionnaires to relatives and five were returned to us. All five strongly agreed with the statement "I am happy with the quality of care my relative/friend receives in this home." A selection of comments from the questionnaires are as follows:

"I don't know what I would do without them"
 "The staff are so caring and respectful, and endlessly patient. They take care of me too. I feel I am not dealing with everything on my own anymore."
 "I couldn't have chosen a better place."
 "My sister and I are very happy with the standard of care my mum receives. The staff are courteous, caring and cheerful at all times."
 "I visit daily and not only observe the good relationship she has with the staff and have the opportunity to observe the care that others receive and find this to be excellent."

We spoke with a relative on the telephone who advised she was very happy with the standard of care her mother received and also praised the staff. She did feel however, that communication could be better in that she would like to be kept updated more often and this was passed on to management who took this on board.

We spoke with two relatives that we met during our inspection who offered the following comments:

"No worries or concerns, I am very satisfied. Mum is well looked after and staff are caring and considerate. I feel this home is one of the best I've seen with a good selection of activities"
 "Can't think what they could do better".
 "Agency staff used appear to be just as good as regular staff"
 "Food is good as I have had lunch with my mum"

Our inspection volunteer spoke with three relatives and a selection of comments are highlighted below:

"My mum is gaining weight steadily - her BMI is excellent"
 "Personalised care - can't ask for better"
 "If there is a problem the staff are quick to call"
 "All the Managers and carer's are excellent"
 "I'm happy with this place for my mum"

As part of our inspection, we used a Short Observational Framework for Inspection (SOFI). This is a tool used to record information relating to staff interactions with those who are unable to express their views due to cognitive impairment. We undertook an observation in a lounge of three residents for one hour. It was disappointing to record there was only a few minutes of staff interaction at the start of the observation.

The three residents we observed were drifting in and out of sleep and did not look comfortable at times, for example their necks were not supported whilst napping and one resident was sliding forward. Another resident awoke and was coughing for a few minutes and no staff member attended to her or offered drinks. There were no visible drinks available in the lounge area. We discussed these findings with the management team who were also disappointed in our findings.

Self assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate. We received a completed self assessment from the service as we requested. We were satisfied with the way the service had completed this and outlined areas of strength and areas of development.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

From our sample of personal plans we inspected, we found these to be detailed and informative. We saw good links were maintained with other health professionals. The service recorded the personalised history of residents as well as personalised activity profiles. This ensured that individual interests were taken into account and meaningful activity offered to residents to promote social stimulation. It was also pleasing to note that the home maintained good community links whereby residents were transported to places of interest outwith the home.

It was pleasing to see that records were detailed and showed improvement with regard to residents who received wound care. We noted that the care provided ensured residents were recovering well.

We were satisfied that residents were supported well during meal times, with staff offering assistance where required and doing so in a respectful and motivating manner. We also felt that residents had a number of choices for their meals and individual preferences were also catered for at every meal time.

We felt improvements could be made with regard to the recording of "as required" medication for agitation and how residents presented after they received this. We felt that the recording of creams and lotions could improve, not all prescribers instructions were being followed and some directions for application were vague. We also noted gaps in recording for Oral Health Care in some instances. We discussed with the management team that the evaluations of care plans needed to be more detailed and record the reasons for fluctuating frequency of these.

The service have a low number of residents who have Adults With Incapacity Certificates (AWI) issued. We have asked the management team to review this and ensure that all legal powers and documentation are in place to ensure those who hold welfare powers are legally able to make decisions regarding the welfare of an individual.

As previously highlighted, it was disappointing that during an observation we did not see staff attend to the needs of residents as we would expect. The service should monitor this and ensure that residents in lounges are also being supported at regular intervals.

Requirements

Number of requirements: 1

1. The provider must make sure that residents receive their medication effectively and as the prescriber intended. In order to achieve this, the provider must ensure that:

- a) protocols are in place for the use of "as required " medication for relief of stress or agitation, and that these include information about de-escalation techniques, as well as the minimum frequency and maximum number of applications for each medicine;
- b) instructions on Topical Medicine Administration Records give clear instructions on what the medicine is for, how it should be used, the frequency of application of each medicine, common side effects;
- c) there is regular oversight of the medication records, including TMARs, by nursing or other senior staff.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a) - a regulation regarding the welfare of users.

It also takes into account the National Care Standards Care Homes for Older People Standard 15 - Keeping Well Medication, the Care Inspectorate's Guidance about medication, personal plans, review, monitoring and record keeping in residential care services.

Timescale for achieving this requirement: to begin on receipt of the draft version of report, and to be completed by 31st December 2016.

Recommendations

Number of recommendations: 2

1. The service should review residents who currently do not have Adult With Incapacity Certificates issued and who have a named welfare Power of Attorney who makes welfare decisions. All legal paperwork should be held by the service in this regard.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

2. The service should improve oral health care assessments and ensure these are completed in full.

This is to meet National Care Standard 14 - Care Homes for Older People - Lifestyle - Keeping Well - Healthcare.

Grade: 4 - good

Quality of environment

Findings from the inspection

We found Ashley Court to be warm, clean and fresh during our inspection. Residents' rooms that we visited were spacious and personalised with residents telling us they were pleased with their accommodation and choices they could make.

It was pleasing to note that records were kept to a good standard in relation to safety checks, and all maintenance agreements relating to equipment were all met within the recommended timescales.

The residents have access to an enclosed secure garden area and we noted that in good weather there were organised activities that took place, such as barbecues and provision of entertainment.

We noted during our walk round that some corridors were slightly cluttered with wheelchairs and hoisting equipment, in particular close to fire exit areas. The management team dealt with this immediately and we have taken note that storage facilities are part of the refurbishment programme.

We advised the management team that the recording of cleaning tasks undertaken needed to improve as there was gaps in recording in a number of areas. This is important due to ensuring that infection control procedures are adhered to.

We noted that some of the residents fridges had food that was uncovered and no date of opening recorded and fridge temperatures were not always recorded as required. We did not see dates recorded for some decanted food.

As previously highlighted, the home is undergoing refurbishment and it was pleasing to note that residents and staff were involved in this process and some decision making.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should ensure that there are no gaps in the recording of cleaning records and it is clear what tasks have been undertaken and when these were completed.

This is to meet National Care Standard 4 - Care Homes for Older People - Your Environment

2. The service should ensure that residents' fridges are clean and record temperatures as required. Decanted food should be covered and labelled with dates of opening and use by dates.

This is to meet National Care Standard 4 - Care Homes for Older People - Your Environment

Grade: 4 - good

Quality of staffing

Findings from the inspection

We saw from staff records we looked at that an extensive induction programme was in place for new employees. This included essential training and familiarity with policies and procedures. We were also able to see that the service had robust recruitment procedures in place whereby background checks, references and other necessary requirements were correctly adhered to. We noted that staff had to be registered either with NMC (Nursing and Midwifery Council) or SSSC (Scottish Social Services Council). A sample check of current staff showed this was in order. All of these procedures ensure that residents are offered protection in terms of employees being fit for practice in accordance with the legal requirements of the care profession.

Staff that we spoke with spoke highly of their role within Ashley Court, and it was pleasing to hear they spoke highly of each other and felt they worked well together as a team. Staff told us that they felt there were many opportunities for training and were encouraged and supported by management with any conditions of their professional registration. We issued 20 staff questionnaires and five were returned, all were in agreement they had relevant training opportunities.

We saw from training records that staff were up to date with all mandatory training that included moving and handling and Adult Support and Protection. It was pleasing to note that additional training was offered in addition to this and that a good number of staff had attended end of life care training. Staff that we spoke with felt this was informative and beneficial and increased their knowledge pertaining to end of life care to residents.

We felt that from records we looked at there were not enough staff trained at an appropriate level in dementia care. Management advised us that this is currently being addressed and were able to show us of intended dates of future training for remaining staff.

There was a mixed response from staff with regard to their supervision opportunities, and some records we looked at were brief. There is currently no policy in place regarding frequency and the content of supervision and we have discussed the benefits of this being implemented with the management team. We were unable to see how staff were consulted with regard to improvements within the care home or how any suggestions are taken forward.

We have made previous reference to staff observations under our SOFI findings and also Quality Theme 1, Quality of Care and Support.

Requirements

Number of requirements: 1

1. The service must ensure that all staff who support residents with dementia have up to date and relevant training equivalent to the skilled level of the dementia "Promoting Excellence" framework.

This is in order to comply with Regulations 4(1)(a) and 15(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale for achieving this requirement: to begin on receipt of the draft version of report, and to be completed by 31st March 2016.

Recommendations

Number of recommendations: 1

1. The service should implement a supervision policy that considers the frequency of meetings. The content of meetings should include how training has improved practice and also identify and consider further development and training.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We were able to see from complaints records kept by the service these were dealt with appropriately in a structured and expedient way. It was also pleasing to see that incidents were documented well with action and outcomes recorded.

The service undertook audits in relation to pressure care, nutrition and associated risk assessments and what equipment was in use. We could also see audits in relation to activities undertaken by residents that included personal choices and any declined activities. These audits recorded how well care needs were measured as well as identifying areas for improvement as we would expect.

We noted that an accident log was well recorded, with additional information indicating who should be notified, for example Social Services or Care Inspectorate and whether any accidents related to Adult Support and Protection.

The management team undertook observations of staff practice and also a selection of personal plans were selected for auditing in relation to the personal care of residents. We noted that the service had put in place since our last inspection audits of care reviews which are required to be undertaken every six months.

We discussed with the management team further areas of development with regard to improvements that could be made. This included considering various methods of obtaining the views from relatives, residents and staff on a regular basis on how improvements could be made and how suggestions are taken forward that could link into an improvement plan.

We were not able to see from the observed direct practice of staff what outcomes were explored and what areas for development were recorded. Staff meetings were infrequent with a limited agenda and consideration should be made as to how these are structured so that it is evidenced there are opportunities for discussion regarding continuous improvement.

The management team should explore how they can support and encourage staff to take on leadership roles within the organisation. This could be in relation to a variety of areas, for example consideration of oral health and continence champions.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should demonstrate regular involvement from staff, residents and relatives with regard to their views relating to continuous improvement.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

2. The service should demonstrate how they encourage, motivate and support staff to develop and undertake leadership roles within the organisation.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must put in place education and training on palliative and end of life care including anticipatory care planning for all nursing and care staff. This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No. 210: 4(1); a provider must make a proper provision for the health, welfare and safety of service users. This also takes account of National Care Standards Care homes for older people: Standard 5.2 Staff have regular training to learn about new guidance. Timescale: To be achieved by 30 May 2015.

This requirement was made on 27 November 2015.

Action taken on previous requirement

We were able to see that a proportion of staff had undertaken palliative and end of life care including anticipatory care planning. Training is ongoing and more staff will complete this.

Met - outwith timescales

Requirement 2

The provider must ensure that each resident has a plan of care and that there is a system in place to ensure that each plan of care is reviewed at least once in every six month period. Each plan of care must include, but need not be limited to including, the following information:

- a) Medication required by the resident.
- b) Specialist equipment required by the resident.
- c) Treatment of pressure ulcers and skin care if applicable.
- d) Advice from any professional involved in the care of the resident.
- e) Details of the resident's next of kin or any authorised person to act on behalf of the resident.

This is in order to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 20011/210)

Timescale: Four months from receipt of this report.

This requirement was made on 13 April 2016.

Action taken on previous requirement

We were able to see good recording of care reviews and audits in place.

Met - within timescales

Requirement 3

- (a) There is a supervision programme in place for members of staff
- (b) Members of staff are given the opportunity to meet with their manager on at least one occasion per month (supervision meetings)
- (c) Supervision meetings take account of the staff member's training and development needs within the role that they are employed to do.
- (d) A record is maintained of each and every supervision meeting and that the record is signed by the employee and manager as an accurate record of the supervision meeting.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: Within three months of receipt of this report

This requirement was made on 13 April 2016.

Action taken on previous requirement

The service has met most of this requirement. We have made a recommendation with regard to frequency and training and development discussions.

Met - outwith timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations**Recommendation 1**

1. The provider should consider ways to offer residents the choice of meal at the table and not the day before. This takes into account the National Care Standards Care Homes for Older People Standard 13.3 Eating Well and Eating for Health in Care Homes (RSPH) 2009 Royal Society for Public Health Vision Voice and Practice page 38.

This recommendation was made on 27 November 2015.

Action taken on previous recommendation

We were satisfied that residents can have a number of options provided at meal times and what is in place currently works well. Pictorial aids are used for those who cannot express their views. This has been fully met.

Recommendation 2

Medication administration records should be improved to ensure that an auditable trail of medication is evident at all times. Staff should sign MAR sheets consistently and clearly record where medication has been refused or missed. Records should include the reasons for 'as required' medication being administered and the results of administration.

This is to meet National Care Standard 15 Care Homes for Older People - Keeping Well - Medication.

This recommendation was made on 13 April 2016.

Action taken on previous recommendation

As required medication recording is still vague and does not consistently record outcomes for residents. This has not been met and we have made a requirement in this regard.

Recommendation 3

The service should monitor temperatures throughout the home and ensure that these remain consistent and comfortable for residents, this should involve asking the views of residents about the temperature of the home.

This is to meet National Care Standard 4 Care Homes for Older People - Your Environment

This recommendation was made on 13 April 2016.

Action taken on previous recommendation

We were able to see that the service had recorded temperatures of the home that were within the recommended temperatures. The service had also demonstrated that residents were asked for their views regarding this. This has therefore been fully met.

Recommendation 4

The management team and staff should ensure that opportunities to reflect on practice and learning and development opportunities are included in supervision meetings.

This is to meet National Care Standard 5 Care Homes for Older People - Management and Staffing Arrangements.

This recommendation was made on 13 April 2016.

Action taken on previous recommendation

This has not been recorded effectively and the recommendation has been repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
17 Feb 2016	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
27 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
26 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
3 Jul 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Jun 2012	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
25 Apr 2012	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
11 Jan 2012	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	4 - Good
28 Jul 2011	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
6 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good Not assessed Not assessed
11 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good Not assessed
10 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good Not assessed
13 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
5 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 4 - Good 4 - Good
2 Sep 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 4 - Good 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 iartras.

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.