

Care service inspection report

Full inspection

Ashley Court Care Home Care Home Service

33 Craighouse Terrace
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Randolph Hill Care Homes Ltd

Service provider number: SP2003002451

Care service number: CS2003010612

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and 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.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	3	Adequate
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

Ashley Court provides a good standard of care to residents with a variety of health issues and care needs. Other relevant health professionals are also involved with the residents when required and this was clear from care plan information.

We observed that care staff have a caring and respectful manner when supporting residents. There is an extensive programme of activities that take place which are varied and take into account the preferences of the residents who are consulted on a regular basis. Residents are also supported to take part in community outings on a regular basis both in groups and individually.

The manager is supported by a deputy manager and they are both supported by the Director of Nursing who also has links with Queen Margaret University. The Director of Nursing is also involved in some of the dementia training for the care staff at Ashley Court.

Feedback from staff, residents and relatives was overall positive and most people who gave their views said that they could approach the manager and depute at any time. Feedback was also positive with regard to the care received within Ashley Court.

What the service could do better

The service needs to look at ways of gathering views of both residents and relatives on a regular basis with regard to the quality of care and how they can be more involved with the staff recruitment process. The newsletter also needs to be more frequent and consideration given to the frequency of meetings for both residents and relatives. The manager and deputy need to meet with the care staff individually on a regular basis so that any issues or concerns can be raised and action taken to remedy these on a frequent basis.

What the service has done since the last inspection

Since the last inspection there is now a written procedure in place with regard to the complaints policy. A policy has also been put in place with regard to clinical decisions around the recording of Do Not Attempt Cardiopulmonary Resuscitation. The paper work in this regard is now up to date and correct procedures are being followed. The Director of Nursing has also been involved with dementia training whereby all staff have been included in this process.

Conclusion

Ashley Court overall provides good care to the residents. The residents are encouraged with decisions regarding their environment and also are encouraged to have outings in the community both in a group setting or individually. Overall, people we spoke to were positive about the care received at Ashley Court.

1 About the service we inspected

Ashley Court is owned and managed by Randolph Hill Group Ltd. Before the 1 April this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCWIS.

The home was registered to provide accommodation and support, including nursing care to a maximum of 57 older people, including individuals with a diagnosis of dementia. There are 55 single rooms and one double room, and all have en-suite facilities.

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 sitting areas on each floor. There are three dining rooms for residents to choose where they have their meals in addition to their bedrooms. There is an enclosed garden for the sole use of residents.

Ashley Court's aims and objectives states 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.'

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach

in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 4 - Good

Quality of environment - Grade 3 - Adequate

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

This report was written following an unannounced inspection. This was carried out by two inspectors. The inspection took place over two days, Monday 15 February 2016 between 8.30 am and 4.30 pm and Tuesday 16 February 2016 between 9.15am and 4.00pm. We were supported during the inspection by an inspection volunteer. The Care Inspectorate gave feedback to the manager and deputy manager from 2:00pm- 4:00pm on Wednesday 17 February.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and send to us.

We sent 40 care standard questionnaires to the manager to distribute between residents and relatives. We received 18 completed questionnaires from relatives and 12 completed questionnaires from residents.

During this inspection process, we spoke with:

- Five members of care staff.
- Eleven residents.
- Six relatives.
- Head Chef.
- Finance Staff Member.
- Activity Co-ordinator.

We also observed lunch time in all dining rooms on both days of the Inspection and an observation of an activity was carried out in one of the lounges.

A review of a range of policies, procedures and records and other documentation included the following:

- Complaints Procedure.
- Minutes of Residents and Relative Meetings.
- Staff Training Records.
- Seven Care Plans.
- Medication administration records.
- Accident and Incident Records.
- Timetable of activities.
- Internal quality assurance audits.
- Financial Information.
- Maintenance Records

All of the above information was taken into account as part of the inspection process and used to assess the performance of the service in relation to the chosen quality statements.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become

apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on 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.

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. This outlined areas of strength and areas of development.

Taking the views of people using the care service into account

We received twelve completed Care Standards Questionnaires from people who live in Ashley Court. We also spoke with around twelve others during the inspection. Comments included the following:

"The food is lovely".

"I like gardening so this will be happening shortly when the weather improves".

"We often go out on day trips to places of interest".

"Staff that are here are always willing to help me I only have to ask".

Other comments from residents are outlined throughout this report.

Taking carers' views into account

We received eighteen returned Care Standards Questionnaires from people who have family or friends living at Ashley Court. We also spoke with six relatives during the inspection. The views of carers are outlined within the main body of the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service strengths

We evaluated Ashley Court to evidence a good performance against this Quality Statement. To assess this we considered:

- The methods in place to invite comment from the residents, relatives/friends and professionals involved in the service.
- The documents made available to us including minutes of meetings.
- Discussions with the residents, relatives and the staff we met.
- The Care Standards Questionnaires that were returned to us.

Ashley Court has four Activity Co-ordinators that provide a range of structured activities for the residents who are also consulted in the decisions that are made. It was also noted that some staff have undertaken training in the use of talking mats resulting in more residents being included in decision making.

The residents are also supported on an individual basis to participate in the community, such as visits to the library, football matches and shops. One activity that was observed during the inspection included gentle Tai Chi exercise which was well attended by the residents. They were also supported at this activity by care staff to participate according to individual's abilities.

Comments from relatives regarding activities included:

"One thing they do here is keep them stimulated with a very good choice of activities".

"When I visit there is always some sort of activity going on in the home".

Care Plans indicated that time had been taken to gather information from residents with regard to their likes, interests and preferences. It had also been recoded from a resident's meeting that it would be beneficial for a welcome pack brochure to be put in place for the benefit of new residents and this had been put in place. The brochure provided useful information regarding choices in relation to their care, for example how residents could choose their GP or how to organise another health professional to visit such as optician or dentist.

Comments gathered from residents with regard to their care included:

"We are seen here by the podiatrist on a regular basis they come to my room".

"A dentist visits me here on a regular basis".

A written procedure with regard to the complaints policy had been put in place since our Inspection, and there were meetings for both residents and relatives that took place so that their views could be taken into account.

Areas for improvement

The service needs to consider various ways of gathering views of both residents and relatives regarding improvement. The residents and relatives' meetings currently in use are not well attended and consideration needs to be given with regard to when and where the residents can meet. It was highlighted that most activities are well attended and it may be useful to try and gather views either before or after an activity. The newsletter is not up to date and it would be of benefit if this was distributed on a regular basis with ideas given to gathering views of relatives via technology if they are unable to attend regular meetings.

During our inspection, we observed meal times in the dining area. The residents received plated meals and choices had been made the previous day. It is recognised that people with dementia can struggle to choose from a verbal

cue without a visual prompt and may struggle to remember what they had chosen the previous day. This was also important in relation to portion size and residents having the choice of having more or less food on their plate. This had also been highlighted in previous inspections. We have made one recommendation with regards to this, (please see recommendation 1, below).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 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.

Statement 3

“We ensure that service users' health and wellbeing needs are met.”

Service strengths

We evaluated Ashley Court to evidence a good performance against this Quality Statement. To evaluate this statement we considered:

- How residents care needs were assessed and evaluated and the outcomes for people using the service.
- Our observations of staff practice and the standard of residents personal appearance.
- Discussions with the residents, relatives and staff.
- The documents made available to us including care plans, daily recording notes, risk assessments, records of reviews and staff training records.

Monthly supports are submitted by management highlighting health conditions of residents to the Director of Nursing. The management receive support in this regard from the Director of Nursing with appropriate assessments, planning and care being put in place. Residents are also referred to relevant health professionals on a regular basis. Activities for residents include gentle exercise.

During observation of care staff and residents, it was noted that residents were treated with kindness and respect. The ability of residents was also considered so that their independence was always taken into account before undertaking a task. An example of this was when a member of staff asked a resident if they would like to be positioned more comfortably on their chair so that they could join in the activity. The resident was happy to be assisted in being made more comfortable and also was assisted with taking part in the activity itself. It was clear from this observation that the resident enjoyed taking part and was happy to receive assistance to do so in accordance with their ability.

As part of our inspection, we spoke with finance staff regarding how residents' monies were managed. Residents were assisted with making choices regarding

any purchases they made both within and outside the home. There was a robust system in place for recording any transactions made from residents and how their personal allowances were spent. Two residents in Ashley Court do not have any relatives or next kin and the Local Authority are the named appointees with regard to their monies.

We saw that staff had gathered information about residents' medical history and healthcare needs from relatives and other sources like a General Practitioner (GP) and social worker before admission. They had used this information to help them assess residents' needs and plan the initial care and support to be provided. This helped to prepare staff to support new residents when they came to live in the home.

The staff team had worked in partnership with a range of community healthcare staff to make sure that the health and wellbeing needs of residents had been assessed and met. We found that staff had contacted the relevant healthcare professionals to get advice and support where issues had arisen. This had benefited residents by improving their health or preventing conditions from getting worse.

Residents' needs had then been assessed on an ongoing basis after that to make sure they continued to receive the care they needed.

Staff had been provided with a range of training that informed and supported them to meet the health and wellbeing needs of residents. We found that staff communicated effectively with each other and had promoted good continuity of care in order to ensure that residents' needs were met.

Areas for improvement

We looked at care plans and other records for seven residents during this inspection, we found that the quality of care plans was varied but that most of the plans we looked at needed to be developed further. Night care plans contained a good level of detail and provided information for staff about what residents' needs were overnight. They also detailed actions to be taken by staff to manage or address the key risks affecting individual residents. We would expect to see this level of detail in all care plans written to help staff to support

residents so that staff had records to guide them in the care and support they provide. We will follow up on this during the next inspection.

Although care plans had been reviewed by staff, general statements like "continue with care plan as before" had been recorded rather than reflecting how effective the planned actions had been in meeting the needs detailed in each care plan. By having a more 'outcome focussed' approach staff would improve the way that care plans are assessed as being effective in meeting residents' needs.

We observed meal times during this inspection and found that residents were sometimes waiting for up to 20 minutes for their meals to be served after they had been seated at dining tables. For some people this may limit their food and fluid intake as they may find it difficult to wait due to their cognitive impairment.

It had been documented that a resident had been offered pea soup when he had an allergy to peas. Another resident had an allergy to strawberries that a staff member did not appear to be aware of. In discussion with the Head Chef, these occurrences were rare and appeared to occur when either a resident or staff member was new. Management have started to address this issue by purchasing white boards for display in the kitchen areas beside each dining room. These boards will contain any information regarding residents and food allergies. This will also inform any agency staff that may work at Ashley Court. The chef meets with the residents on a regular basis to discuss food preferences and any information gathered will be shared accordingly.

Care plans were not always reviewed every six months as required. There was no evidence of relatives being involved in the review of residents care plans. It was not always clear from the resident's care plans who had Power of Attorney or Welfare Guardianship if the resident did not have capacity. In discussion with management, they were aware that care plans required to contain more information in relation to the resident's every day needs and be more personalised.

Some comments gathered from relatives were as follows:

"I can't remember ever attending a Care Review for my relative".

"I can't recall having a review meeting but maybe we call them another name".

"I'm not sure about the Reviews but I can't recall having been asked to attend one".

We have placed a requirement on the provider with regards to six monthly care reviews, (please see requirement 1, below).

We looked at residents' medication administration records (MAR) on two of the three floors of the home and noted that there were some gaps in recording and inconsistencies between the two floors. This included missing signatures on MAR sheets where it was not possible for the service to evidence that each resident had received their medication as prescribed on one floor of the home. The management team provided evidence of the ways in which they had been addressing the quality of medication administration record keeping with staff.

We also found that in some cases, records about the administration of "prn" or as required medication should be improved. While the reason for the administration of prn medication was usually recorded, practice should be developed further to include the result of the administration of medication. The purpose of this is to support staff and healthcare professionals to evaluate the effectiveness of as required medications for residents. We were satisfied that the areas we highlighted would be addressed and have therefore placed a recommendation to improve medication records on the service (please see recommendation 1, below).

Grade

4 - Good

Requirements

Number of requirements - 1

1. 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.

Recommendations

Number of recommendations - 1

1. Recommendation with reference to Theme 1, Statement 3:

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.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 3 - Adequate

Statement 2

“We make sure that the environment is safe and service users are protected.”

Service strengths

We evaluated Ashley Court to evidence an adequate performance against this Quality Statement.

To assess this we considered:

- Documents made available to us, including maintenance records, care plans and risk assessments.
- Observations of staff practice.
- Assessment of the general environment.
- Discussions with the residents, relatives and staff we met.

Handymen worked on site. We saw that there were arrangements in place to address day-to-day repairs and also any issues that came up outwith normal working hours. Staff and residents told us that any day-to-day issues they reported had been attended to quickly. We saw that this approach helped to promote a safe environment for residents. The maintenance and repairs actions were audited by the management team regularly to evaluate the outcomes of this work. We saw an action plan with regards to this audit of maintenance and repairs which evidenced that the management team were checking that work had been completed to maintain a safe environment for residents.

Handymen had also carried out a range of regular safety checks including hot water temperatures, wheelchairs and window restrictors. This preventative programme had helped to maintain safety and protect residents from avoidable harm. Checks undertaken at the service included:

- Nurse call systems.
- Hot and cold water temp checks.
- Bed rail inspections.
- Wheelchair inspection.
- Walking frame checks.
- Window lock/restrictor checks.
- Airflow mattress checks.
- Profiling bed.
- Tumble dryer vent maintenance.
- Stand aid and hoists.
- Fire escape inspection records.
- Fire alarms.
- Fire extinguishers.
- Sensor equipment.

Staff had recorded accidents and incidents. These records had been checked by the management team to make sure all the necessary actions had been carried out to support residents and reduce the risk of recurrence. Records were analysed for trends and where these were identified actions to address these were taken by the management team and staff. There was good evidence of the involvement of staff in identifying issues leading to trends, which should develop their knowledge and awareness.

Areas for improvement

On the first day of this inspection we noted a marked difference in the temperature of the ground floor of the service compared with the other floors of the home. There was no way to check the temperature of the home available to the management team but we assessed that the ground floor lounge, corridors and garden room were significantly colder than other lounges in the home. When we asked residents how they found the temperature, they told us that they felt it was cold, some of their comments included:

- "You'd better get your cardigan if you're coming in here".
- "It's cold in here".
- "Too cold for me".
- "It's cold when you come in here".

We discussed the temperature with the manager who told us that repairs were due to be made on the first day of this inspection. Although we were advised this affected the hot water only, we found the temperature in the home on the first day of our inspection was unsatisfactory. We asked the management team to source thermometers so that they could check the temperature throughout the home at all times before and after these repairs. We noted that more residents than we would expect had chosen to remain in their bedrooms rather than use the colder areas of the home. This reduced people's opportunities to join in social discussions and benefit from the stimulation this provides.

When we returned for the second day of this inspection the temperature of the ground floor of the home seemed much more comfortable and residents we spoke with confirmed that they felt warm enough when we checked with them. The provider should ensure that an even temperature which promotes people's health and wellbeing is maintained throughout the service at all times (please see recommendation 1, below).

On both days of this inspection we found some malodours in contained areas of the home. We highlighted these to the management team who agreed to take action to replace floor coverings in an attempt to address the odours.

We checked slings which were used as part of equipment to support residents who could not mobilise to move from one area of the home to another. Slings should be named and used by individual residents for dignity and infection control purposes. We found that slings were not named for use by individual residents and could therefore potentially be used by more than one person. We discussed this with the management team who agreed to immediately name each sling so that these were only used with the correct individual resident. We will follow up on this during the next inspection.

On the first day of this inspection we found that doors to sluice areas throughout the home were not locked, sluice areas should be locked at all times. This posed a potential risk to residents, we asked the management team to address this and found that sluice doors were locked when we returned for the second day of this inspection. The management team should include checks

on sluice locks in environmental checks which are currently completed to ensure that sluice doors are locked at all times.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. 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

Statement 3

"The environment allows service users to have as positive a quality of life as possible."

Service strengths

We evaluated Ashley Court to evidence a good performance against this Quality Statement.

To assess this we considered:

- Observations of staff practice.
- Assessment of the general environment.
- Discussions with the residents, relatives and staff we met.

Residents at Ashley Court were supported and encouraged to make choices regarding their living environment. Examples of this were staff supporting residents in making selections for flooring and furnishings for their own rooms. During our inspection we were able to see some of the residents rooms, some of which had furnishings from their previous homes.

Comments from residents regarding their environment included:

"I like my comfy bed and room where I have my own wee mementoes beside me".

"I have my own shower room".

"I like my room its spotless with a lovely bed to sleep in and a room big enough to move around in".

We also spoke to relatives regarding the environment at Ashley Court.

Comments included:

"I can go home and sleep soundly as I know my relative is in a safe and secure environment".

"The home's décor is pastel and I would say calming with a lovely ambience to it".

Residents had decided at one of their meetings they would like a television in one of the dining rooms. This had been agreed and put in place.

Residents are able to enjoy special occasions in the garden room which overlooks the garden area. It has been used for birthdays and anniversaries and relatives and friends are also able to use these facilities.

Areas for improvement

During the inspection we noted that the smaller lounges throughout the home were not being used. It was also very cold in the garden room. It would be useful to ask both residents and relatives why they are not using these areas, and if anything in particular is raised in this regard then appropriate steps should be taken to ensure the residents can fully enjoy their use of additional space.

We also noted during our inspection whilst walking around the home on the middle and top floors, the flooring was very creaky. This needs to be investigated, in particular if residents at night are being disturbed by people walking around the home.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

Service strengths

We found Ashley Court to evidence a good performance against this Quality Statement. To assess this we considered:

- The methods in place to invite comment from the residents, relatives/friends and professionals involved in the service.
- The documents made available to us including minutes of meetings.
- Discussions with the residents, relatives and the staff we met.

People told us they were happy with the quality of the staff team and said they felt able to express their views about the care and support they provided. People were also very positive about staff in general describing them as helpful, attentive and caring.

We noted from resident's meetings that discussions had taken place with residents regarding their views of what staff could be asked at interviews. Discussion had taken place with residents as to what qualities were important to them with regard to employment of new staff. Examples provided from residents were that staff should be patient, cheerful, have a genuine interest in people and be able to have knowledge regarding how to meet the resident's care needs. Evidence was provided from management that showed these qualities specified by residents were explored during the interview process and recorded in the interview forms for those who were interested in working at Ashley Court.

Areas for improvement

Management should continue to look at various and regular ways of gathering the views of residents and carers with regarding to the quality of staffing. It is important to ascertain what is important to both relatives and carers in terms of how their care is delivered. It was discussed during feedback it may be useful to have communication books in resident's rooms so that good practice could be recorded by both residents and carers if this is observed. This would also be useful in recording any feedback on anything that did not work as well. This would keep management informed as to what is important to both residents and carers. Although some of the residents may not be able to participate in an interview process, it could be considered that relatives and carers have more involvement in this process.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

We found Ashley Court to evidence a good performance against this Quality Statement. To assess this we:

- Met with registered nurses, care staff and ancillary support staff.
- Met with residents and considered feedback from relatives.
- Examined staff records.
- Evaluated the training systems.

During our inspection we looked at training available to staff. This information showed that staff were offered a variety of training relating to their role on a regular basis. This training was offered to all staff. It was also noted that the Director of Nursing had links to Queen Margaret University regarding dementia

studies. Training had been provided to most of the staff on dementia from the Director of Nursing. This has provided additional knowledge to the staff with regard to the care of the residents. Some staff were awaiting this training but this was shown to be offered on a regular basis so that new staff would also be included.

We were able to speak with a number of residents regarding the quality of staffing and some of the comments we gathered are as follows:

"They make me happy".

"I couldn't ask for better".

"Staff are always willing to help me in any way they can".

"Give the best of kindness and they don't patronise me or my friends".

We also spoke with a number of relatives regarding staffing and some of the comments we gathered are as follows:

"The staff could not make me more welcome as they acknowledge me when I arrive to visit my relative".

"From what I see there always seems to be enough staff on duty no matter what time of day but I am not sure about overnight".

We were able to see from records that staff had a good period of induction training when starting their job. A mentor was also put in place during this induction period. We interviewed new staff and asked about their induction period and how effective this had been in preparing them to support people who live at the service. They told us that the induction training and shadowing of experienced staff has been very helpful in preparing them for working at Ashley Court.

We saw that Scottish Social Service Council (SSSC) and Nursing and Midwifery Council (NMC) registration checks had been completed. The manager's records indicated where staff were registered with a condition and where further investigation was required. This demonstrated that the service was taking steps to ensure that staff had the correct professional training and registrations to carry out their role safely.

We were able to speak to staff members about their training and recruitment. All staff we spoke to were able to tell us about being appropriately registered with the Scottish Social Services Council (SSSC). Some of the comments we received from staff were as follows:

"Residents make me laugh. All have their own characters".

"Good training opportunities".

"Enjoys diversity of role".

"Staff get looked after as well as residents".

In discussion with both management and staff, it was clear that it was important to have continuity of care for residents. Staff were keen to build up relationships with the residents and be fully aware of their care needs, as well as taking time to acknowledge individual preferences. It was acknowledged that having the same care staff on each of the floors was of benefit to both the residents and the staff.

Areas for improvement

During the inspection, we looked at staff supervision records. This was not taking place on a regular basis. In discussion with staff, most were unclear of what supervision actually was and most described supervision as being an observation of tasks they carried out. Some staff mentioned they had a regular appraisal whilst others were unsure when this was last carried out. Some comments from staff indicated they felt "overwhelmed at times" and at times they "had to work very quickly." Some views from staff also indicated that having more staff available in the mornings would be very helpful, (please see requirement 1).

We did not see any evidence of staff reflecting on their learning and development and how this had impacted on their practice at Ashley Court. The Scottish Social Services Council require staff to evidence their ability to reflect on what they learn and how this affects the support they provide for people who use care services. We discussed this with the management team during feedback and they agreed to add a reflective practice section to supervisions with staff. We will follow up on this during the next inspection. (Please see Recommendation 1, below).

The management team should ensure that all staff have undertaken dementia training of an equivalent standard to the 'Promoting Excellence' training programme at the 'Informed' and 'Skilled' levels.

Grade

4 - Good

Requirements

Number of requirements - 1

1. (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

Recommendations

Number of recommendations - 1

1. 1. Recommendation with reference to Theme 3, Statement 3:
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.

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service strengths

We found Ashley Court to evidence a good performance against this Quality Statement. To assess this we considered:

- The methods in place to invite comment from the residents, relatives/friends and professionals involved in the service.
- The documents made available to us including minutes of meetings.
- Discussions with the residents, relatives and the staff we met.

People told us they were happy with the way the home was managed. They also said that the management team were approachable, responsive and committed to the delivery of high standards across the service as a whole.

It was clear during our inspection that management are involved with residents with regard to making choices around their environment and also how they are consulted and included in participating in community life. Residents were supported fully with being assisted to vote in the elections in May 2015.

Areas for improvement

Overall we found that the service should develop the ways in which people who are unable to communicate verbally were being supported to express their views about the quality of the service overall. For example, staff being recruited to the service could be observed interacting with residents as part of the recruitment process if people are unable to express their views about staff

verbally. The management team were aware of the need to review the way that participation was supported as residents' needs changed and dependency levels increased. The level of 1-1 consultation should increase for residents who do not attend meetings or complete questionnaires to make sure that their views continue to be sought and taken into account.

Reference is made to good practice guidance, 'My Home Life: Promoting Quality of Life in Care Homes'. <http://hub.careinspectorate.com/media/195950/jrf-care-home-quality-of-life-full.pdf>.

Information about the audits and checks carried out and the outcome of these should be shared with residents and their families so that they know how the management team monitor and improve the quality of the service. This could be done via the newsletter. Where residents and relatives can become involved in the audits carried out this should be supported, for example, carrying out audits of the environment or reviews of activities, food and so on.

Please refer to statements already highlighted under Quality of Care and Support.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

"We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide."

Service strengths

We evaluated Ashley Court to evidence a good performance against this Quality Statement.

To assess this we:

- Met with the manager, care staff and ancillary support staff.

- Met with residents and considered feedback from relatives.
- Reviewed supporting care records.
- Evaluated the systems within the home which contributed to the auditing and quality assurance process.

We found that a range of audits and checks had been carried out to monitor, maintain and improve the quality of the service.

These included the following:

- Night audit.
- Finance audit.
- Contenance care assessment (by the provider).
- Falls/environmental audit.
- Care plan audits.
- Nutrition audits.
- Legal status audit.
- Skin integrity assessment audit.
- Care reviews audit.
- Accidents and incidents.

We saw that these checks had been thorough and reflected both strengths and aspects of the service that could be improved. The resulting actions had been recorded well overall. For example, the manager had completed night checks which identified some areas for improvement about cleaning duties for night staff. Staff we spoke with, including new staff, were aware of the cleaning duties they were required to complete overnight and we saw that the home was clean and tidy on the first morning of this unannounced inspection.

We looked at records of meal time audits which had been carried out in different floors of the home. This audit included some qualitative information about the meals served, comments from residents and observations about whether people had eaten their meals or not. This meant that the audit considered the experiences of residents during meal times and reflected some input from people who may not be able to communicate verbally about the quality of food at the service.

We looked at records of complaints made since the last inspection and saw that some of the complaints, which had been made to the service, had been investigated by the service within the specified timescales and the findings reported back appropriately.

We looked at the action plan maintained by the manager, which details actions identified across the service and records follow up actions taken to check that these had been completed. This meant that the management team were checking that improvements had been made as a result of audits and other activity.

As previously described in this report, we sent out 40 care service questionnaires between residents and staff. We have spoken with approximately 11 residents and six relatives. We spoke with five care staff, the chef and one activity co-ordinator.

We received 18 returned care service questionnaires from relatives. Ten relatives agreed they were asked for ideas and feedback in relation to the quality of service, seven relatives strongly agreed this was the case. Thirteen relatives strongly agreed that they were happy with the quality of care their relative received.

Eleven out twelve residents felt confident that staff had all the appropriate skills to take care of them, with all twelve residents stating overall they were happy with the care they received at Ashley Court.

Management had previously sent out a staff survey to gather staff views on many themes across their working day. These themes included being consulted about organisational policies, pay and conditions, management feedback, duties and responsibilities and expectations. These views were collected across the organisation and fed back to staff. Almost 40% of staff felt they were consulted about organisational policies and decisions.

Comments from relatives regarding the quality of management are as follows:

"I know the manager and depute by name and can approach them at any time if I have a concern".

"My relative has gained weight since coming here as they were losing weight before they came".

"One thing the family likes is if our relative takes unwell there is no hesitation the GP is called for and they keep us fully in the loop".

It was acknowledged that the deputy manager had been undertaking some hands on practical work on the Shamrock Floor. Observation of practice issues were also undertaken. This was in response to concerns raised by staff in their meetings of pressures during the night shift. These issues have been responded to in an appropriate manner with additional staff being put in place at the busiest part of the evening. These arrangements were currently working well.

Areas for improvement

It was acknowledged that the survey sent to staff was some time ago and this had to be repeated and updated. Furthermore, an action plan on the result of the survey required to be put in place so that areas for improvement could be followed up. An example of this was that 46% of staff felt they had to work very intensively. This was also commented on by staff during discussion as previously mentioned in this report under staffing.

The management need to observe practice issues in all of the floors in Ashley Court so that they are satisfied that the current staffing levels are adequate. The management need to continually assess and monitor staffing levels in accordance with their staff dependency tool. Staff also need to have the time to meet with management to discuss what is expected of them and have the opportunity to bring any concerns they have regarding staffing levels to the managements' attention. This is previously highlighted in this report as a requirement relating to staffing.

Feedback from staff with regard to the above included:

"Hardest part of job is when agency staff who are inexperienced are provided. It's like a double job".

"Not enough staff sometimes, especially in the mornings".

"Staffing levels are fine when the team get along".

Comments from relatives with regard to staffing levels are as follows:

"I know there are times she would like to be taken for a walk but there aren't the staff available".

"I feel when I go to see my relative at night there doesn't seem to be enough staff to deal with issues as quickly as I would like ie taking my relative to the toilet".

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. A local policy must be developed on decisions about cardiopulmonary resuscitation including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions taking account of current best practice on this topic.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 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 5.4 Management and staffing arrangements.

Timescale: To be achieved by 30 April 2015.

This requirement was made on 27 November 2015

A policy has now been put in place with the relevant documentation been signed by resident's GP or Consultant and countersigned by the Charge Nurse. We looked at the records of 6 residents during this inspection and found that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certification was in place and completed correctly. Therefore this requirement has been met.

Met - Within Timescales

2. 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

Currently no staff have received training in relation to palliative care including anticipatory care planning. A training schedule has been implemented with identified staff who will undertake this training which will commence shortly. Therefore this requirement had not been met and will be followed up on our next inspection.

Not Met

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

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

This recommendation remains outstanding. In discussion with management, they have agreed to offer resident meals on the same day. Therefore this recommendation had not been met will be followed up at our next inspection.

2. The provider should seek permission and record this on a consent form before applying any safety or welfare measures which could be considered as restraint via a consent form following the guidance from Mental Welfare Commission Rights, Risks and Limits to Freedom and Safe to Wander and Care Inspectorate Records that all registered care services must keep and guidance on notification reporting. This takes into account National Care

Standard Homes for Older People Standard 5 Management and Staffing Arrangements.

This recommendation was made on 27 November 2015

Consent forms were appropriately placed in care plans with relevant signatures recorded where relevant. Therefore this recommendation had been met.

3. The provider should put into place a system to ensure that any residents who have a DNACPR form that this is reviewed according to the recorded timeframe. This takes into account National Care Standards Care Homes for Older People Standard 5 Management and Staffing arrangements.

This recommendation was made on 27 November 2015

From the care plans inspected, the DNACPR forms showed they were being reviewed within the recorded timeframe. Therefore this recommendation had been met.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

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

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