

Ashley Court Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
4 December 2024

Service provided by:
Randolph Hill Nursing Homes
(Scotland) Ltd

Service provider number:
SP2003002451

Service no:
CS2003010612

About the service

Ashley Court Care Home is a care home for older people. It is registered for 50 places and has nurses and carers who support and care for people. The provider of the service 'Randolph Hill Nursing Homes (Scotland) Ltd' also has other care homes across Scotland.

Ashley Court is in the Morningside area of Edinburgh. There are accessible local amenities and transport links to the city centre and outlying areas. The provider offers standard, premium and deluxe bedrooms, all with ensuite facilities. The bedrooms are over three floors, which have stair and lift access. Each floor has its own dining rooms and sitting rooms. The ground floor leads to a secure garden, which is accessible from the conservatory.

45 people were using the service at the time of our inspection.

About the inspection

This was an unannounced inspection which took place between 26 November and 2 December 2024. We provided feedback to the manager on the 4 December 2024.

The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with 12 residents and nine of their relatives.
- Provided the opportunity for relatives to complete our online survey.
- Spoke with 10 staff and management. Plus, an opportunity for staff to complete our online survey.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- People praised the quality of the staff who supported them.
- We observed positive, respectful, and natural interactions between staff and those being supported.
- People enjoyed participating in the variety of activities available.
- Some people felt they would benefit from having more opportunities to be involved in activities on a one-to-one basis rather than in large groups.
- People's personal plans reflected their care needs, choices and wishes. They also provided good guidance to the staff to meet their ongoing care needs.
- There was effective clinical oversight of people's care needs.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had made positive progress in completing their self-evaluation. The service should continue to develop this approach to support improvement.
- We identified inconsistencies in the completion of care related documentation. This has the potential to impact people's care outcomes negatively and impact the clinical oversight from management if improvement is not made.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

People told us that they found the support staff to be very kind and polite. Through the positive working relationships established, people told us they felt treated with dignity, respect, and compassion, demonstrating the principles of the Health and Social Care Standards.

We observed people participating in a variety of activities during our inspection. This included meeting children from a local nursery, playing games to support exercise and movement, visits from therapeutic pets and art and craft. A weekly timetable of activities was shared with people and was often discussed at the residents' meetings. Some people did tell us however they would welcome more one to one opportunities as were not always comfortable being within a group environment.

Staff demonstrated a good knowledge of people's needs, through detailed agreed personal plans and support guidance which was current and reflected people's health and wellbeing needs. This meant people could be confident staff supporting them were well informed and worked consistently to help them achieve the outcomes they had identified.

There was good clinical oversight of people's care and nursing needs. Staff responded appropriately and liaised with external health professionals when required. People and relatives spoke positively about the care delivered.

Many people were vulnerable to falls and appropriate person-centred risk assessments guided staff on how to support people to meet their needs. The manager had a good analysis of incidents of falls; trends and patterns to explore ways of minimising them occurring where possible.

We reviewed the health and care documents of people in the home. Staff did not consistently complete these records. Whilst we did not find any immediate concerns with the quality of care provided, incomplete records have the potential to impact people's outcomes negatively. This includes personal care, food and fluid intake and pressure sore prevention measures. (Please see area for improvement one).

Although not identified at our inspection, we were aware that several medication errors had been made by staff in the past few months. Medication errors have the potential to again impact negatively on people's health and wellbeing. The manager was aware of this and had been discussed with staff at team and supervision meetings. We suggested to the manager that the frequency and depth of medication audits is increased to support improvement. (We have highlighted this more in Key Question two of this report).

Areas for improvement

1. The provider should ensure the care and support delivered by staff is fully documented and evidenced. This ensures that care received by people is consistent and staff can both evidence and demonstrate the care and support delivered. It also supports the process for people reviewing their assessed needs. The documents can be used in legal proceedings should the situation arise.

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

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

How good is our leadership?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

People and their relatives had opportunities to be involved in the delivery and development of the service through various meetings and satisfaction surveys. Topics of discussion often included suggestions for activities, outings, food menu choices and giving feedback on their experiences. We did feel that perhaps the frequency of resident and relative meetings could be increased, to maximise the opportunities available to people.

Staff expressed that the management team were knowledgeable and supportive of their work. They demonstrated an understanding of the nature and challenges associated with supporting individuals they cared for. Additionally, they described managers as open and approachable, fostering a supportive and collaborative work environment.

Managers used a variety of quality assurance tools to oversee the care provided to people, such as monitoring skin integrity, food and fluid and medication. However, as mentioned in the previous section of this report, we found inconsistencies in documentation completed by staff. Additionally, there were several administrative medication errors in the past few months. Improvements in the quality assurance processes (including but not limited to staff observations of practice) are necessary to ensure that people continue to have confidence that their care was being managed effectively and responded to appropriately. (Please see area for improvement one)

Areas for improvement

1. To ensure people continue to have confidence that their care is being managed effectively and responded to appropriately, improvements should be made to the frequency and depth of the quality assurance processes completed. This should include, but not be limited to the completion of care related documentation and staff observations of practice, including moving and handling. This would help to identify any errors an earlier stage and explore any learning outcomes.

This is in order to comply with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

How good is our staff team?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

At our last inspection, we highlighted improvements should be made to ensure staff have sufficient opportunity to develop and reflect on their practice. Records sampled at this inspection informed us managers regularly observed staff practices and conducted spot checks to assess their competence, reflect on their practice and identify any learning and development opportunities. The service was performing well

in this area.

There was a range of approaches to suit different learning styles, and it was evident that all staff had access to relevant training to meet the ongoing care and support needs of people. A training matrix was monitored by the manager to ensure staff training was up to date and reflected best practice.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

We sampled nine personal plans. People's personal plans gave staff clear direction about how to deliver each person's care and support. The sample of care documentation viewed provided a good overview of the person's life history, what was important to them, their choices, wishes and preferences.

People benefited from personal plans which were regularly reviewed, evaluated, and updated, involving relevant professionals where appropriate. Where people may present stress and distress behaviours, this was documented well with information to guide staff on what the triggers may be and how best to meet the person's health and wellbeing needs.

Regular six-monthly reviews were held and provided a good overview of care being delivered and captured the discussion held and actions agreed.

The findings from Key Question One has been taken into account when evaluating this Key Question.

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 people who experience care are confident that staff continue to promote their rights, the provider should arrange development sessions for all staff focusing on dignity, compassion and respect. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

This area for improvement was made on 20 December 2023.

Action taken since then

We observed positive interactions between people, their relatives and staff. We had no concerns at this inspection.

Previous area for improvement 2

To ensure staff have the knowledge and skills to meet people's assessed support needs, the provider should develop existing staff training, supervision and observations of practice, to ensure these provide sufficient opportunity for staff to develop and reflect on their practice.

This should include but not be limited to, ensuring that supervisions and observations of practice are planned, recorded and evaluated and link into staff development plans. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 20 December 2023.

Action taken since then

Improvements have been made by the service since our last inspection, as reported on within the body of this report.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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