

## Ashwood House Care Home Service

Leny Road  
Callander  
FK17 8AP

Telephone: 01877 330111

Type of inspection: Unannounced  
Inspection completed on: 18 December 2017

**Service provided by:**  
Mauricare Ascot Care Limited

**Service provider number:**  
SP2012011882

**Care service number:**  
CS2012310158

## About the service

Ashwood House registered with the Care Inspectorate on 3 October 2012. Ashwood House is a care home for older people situated in the Stirlingshire town of Callander. It is owned by Mauricare Ascot Limited and is registered to provide care for a maximum of 21 older people. The home is an older property which is close to local amenities and transport in the town. The home is situated on two floors and access to the upper floor is by a lift.

Ashwood House state their aim is to provide exceptional levels of care in smaller and more personalised care home surroundings, enjoying a relaxed, happy and friendly atmosphere.

## What people told us

We spoke with 12 residents throughout our inspection. We received back 2 Care Standard Questionnaires (CSQs) we asked the home to randomly distribute to residents and relatives.

Comments made in person to us and in the CSQs were used to inform our report and included:

"Always cared for"

"My father is in this facility and we as a family have no complaints about any of the following e.g food, laundry, staff. My dad is very well looked after in all aspects of his daily care and is very happy to be there. The staff are wonderful and care for him as if he is their own dad".

## Self assessment

We are not requesting services to submit self assessments for this inspection year.

## From this inspection we graded this service as:

|                                      |                    |
|--------------------------------------|--------------------|
| Quality of care and support          | 3 - Adequate       |
| Quality of environment               | 1 - Unsatisfactory |
| Quality of staffing                  | 3 - Adequate       |
| Quality of management and leadership | 2 - Weak           |

## Quality of care and support

### Findings from the inspection

We found that the atmosphere within the home was welcoming, warm and cosy. There are two lounges and an attached dining room meaning there are a variety of spaces in which residents can spend their time depending on whether or not they want to have company or to be quieter. Staff were very visible in the communal areas of the home, and were responsive to residents' needs, clearly knowing residents very well.

In order to ensure that there are enough staff on duty with the necessary experience and differing skills required to meet the needs of residents, and to ensure they get the care and support they need when they need it, the service need to have an overview of all residents' needs and requirements on a day-to-day basis.

The service uses an augmented IORN tool to do this. The information we would expect to see in such a document was not there, for example there was no information about how to assist with bathing, and continence care was only partially addressed. These are fundamental areas of the daily care of elderly people. Furthermore, if the dependency tool used does not make clear the level of support that residents need, then this could have a knock on effect on the adequacy of staffing levels which does not promote the best outcomes for residents.

Care plans could be more person centred and give more of a sense of resident's individuality and the way in which they would like their care to be given to them, but on the whole they were fine, and updated regularly, with the exception of six monthly reviews which were not being done. (See requirement 1).

Falls risk assessments could be expanded to capture more pertinent information regarding residents' needs. For example, residents with a visual impairment were categorised as having "no impairment"; "wears glasses" and "total impairment". This does not allow staff to record the knowledge they have about residents that is both specific to that individual and pertinent to their risk of falls. There is a huge difference in need between residents who have a correctable impairment, such as age related short sightedness and age related macular degeneration and this information should be appropriately utilised for the benefit of residents' safety when moving around.

Activities provision could be reviewed and improved. Residents access to activities outwith the home is curtailed. There is little available for residents who have dementia, we saw Namaste care mentioned in care plans, but no evidence of it in practice. We discussed options such as doll therapy, rummage boxes and comfort blankets. This is a training issue (See recommendation 1).

## Requirements

### Number of requirements: 1

1. The service should ensure care plans are reviewed at least once in a six month period in line with legislation.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210: Regulation 3 - The Principles of the Act, Regulation 5 - Personal Plans. Timescale: 28 February 2018

## Recommendations

### Number of recommendations: 1

1. The service should review and develop activities with a person centred focus for all residents, particularly those with dementia.

National Care Standards Care Homes for Older People Standard 5

National Care Standards Care Homes for Older People Standard 12

National Care Standards Care Homes for Older People Standard 17.

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

We discussed with the management team environmental improvements which had been made to the home. We also looked at the original conditions of registration, and assessed to what degree (if any) they had been achieved.

We found the following:

- At the front entrance the area between the front doors needs redecorated, particularly the ceiling which is discoloured.
- In the dining room the floor boards are uneven, which is a trip hazard for older people. A new carpet is needed.
- Some corridors within the home still need to be redecorated.
- The laundry has not been upgraded or refurbished in any way, this was a condition of registration in 2012 and should have been completed by now.
- A radiator outside room 1, the casing is messy, can be lifted off with nails visible.
- The sluices still require to be upgraded as per the original conditions of registration.

The laundry is too small, meaning it is impossible to properly separate soiled and fresh laundry as it should be. This is an infection control issue which could affect the health and wellbeing of residents. Only one washing machine is operational, which is not sufficient for a home of this size.

Overall the above lack of care and attention demonstrates that the provider does not value the environment in which residents are expected to live. (See requirements 1 and 2).

### Requirements

#### Number of requirements: 2

1. To ensure that everyone who uses the service is able to access and use their environment safely and without restrictions the service must develop an action plan that details how and when the works identified in this report will be completed by. The priorities for work to be completed and all timescales for completion will be agreed with the Care Inspectorate.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210: Regulation 3 - Regarding the principles of the Act, Regulation 4 (1) (a) - Welfare of users. Regulation 10 - Fitness of Premises.

Timescale: 28 February 2018

2. To maximise the safety and living experience for people the service must carry out the identified works detailed within the action plan by the completion dates agreed with the Care Inspectorate.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210: Regulation 3 - Regarding the principles of the Act, Regulation 4 (1) (a) - Welfare of users. Regulation 10 - Fitness of Premises.

Timescale: All work to be completed by October 2018

## Recommendations

**Number of recommendations:** 0

**Grade:** 1 - unsatisfactory

## Quality of staffing

### Findings from the inspection

The staff team are committed and work very hard to provide good care which is responsive to the needs of residents. The service said they have had difficulty recruiting and retaining nursing staff and care staff, and the challenges this gives rise to in terms of meeting required staffing levels, the demands this can place on existing staff and on ongoing care planning and maintaining consistency which helps to promote good outcomes for residents.

We spoke to a new member of staff whose induction had not been fully completed they had not received moving and handling training as they should, which could potentially place both residents requiring this assistance and the staff member herself at risk due to correct practice not being observed. The service should assess new recruits understanding of the learning they have undertaken during the induction process via (for example) questionnaires, direct observations of practice and supervision sessions in order to evidence their progression and to identify any shortfalls in training or understanding at an early stage.

We could see that a training schedule was in place, but there was little evidence of who had attended which training sessions, and how they had applied their learning into their practice. In order to do this, to ensure that staff are supported to achieve their full potential, to promote a good skills mix within the staff team in order to best meet the needs of residents, regular supervision and appraisal should be offered. (See recommendation 1).

This will ensure staff are where they should be in terms of ongoing training (both mandatory and specialist as determined by the changing needs of residents), are conforming to best practice guidance, policies and procedures (both local and in-house). We found members of staff for example who had either never had Adult Support and Protection training, or who needed a refresher. This is an extremely important area of knowledge and awareness when working with the people who are using the service. (See recommendation 2).

Staff meetings had not taken place in some time. This is of particular concern given the above as regular meetings are the perfect forum for ensuring staff communication is good, that staff are all on the same page regarding training, the daily life of the service, what they should expect of themselves and the support they should receive. (See recommendation 3).

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The service should ensure that regular supervision and appraisal are made available to support staff and ensure that their training and personal development meet the needs of the people living in the service.  
National Care Standards Care Homes for Older People Standard 5

2. The service should arrange Adult Protection training for the staff team.  
National Care Standards Care Homes for Older People Standard 5

3. The service should ensure regular staff meetings are taking place.  
National Care Standards Care Homes for Older People Standard 5

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

The service has had no manager for most of this year and this has had a negative effect on the quality assurance of the service. The service have recently recruited a new manager and we will check the progress of this theme further at the next inspection. (See requirement 1).

## Requirements

**Number of requirements:** 1

1. The provider must develop and implement an effective system of quality assurance to identify and action the required improvements within the service. This includes developing an action plan on how, and by when, the improvements will be met.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210: Regulation 3 - Regarding the principles of the Act, Regulation 4 (1) (a) - Welfare of users, Regulation 9 - Fitness of Employees, Regulation 10 - Fitness of Premises  
Timescale: 28 February 2018.

## Recommendations

Number of recommendations: 0

Grade: 2 – weak

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

## Previous requirements

### Requirement 1

To safeguard people who use the service and meet legal requirements the provider must not employ any person in the provision of a care service unless that person is fit to be employed. In order to do this you must:

- demonstrate a robust system to follow up references.
- ensure that managers know the policy and procedure.
- ensure that systems are audited regularly to improve practice.

**This requirement was made on 2 February 2017.**

### Action taken on previous requirement

At this visit, we sampled two staff files. We found that references had been properly followed up. To ensure that managers knew the policy and procedures for recruitment of new staff, the manager told us that a training session had been held during a manager's meeting to review the policy and procedure. We asked that the recruitment process was audited to ensure that the policy was met. At this inspection there was no evidence of an audit system. This aspect of the requirement is not met.

We also had concerns about one of the staffing agencies used to supplement the staff team. There were times the service told us the planned staff did not arrive. This is poor practice. We saw an example of the information given to the service before the nurse arrived. There was no photograph provided. This meant that the service were unable to properly verify that the right person was delivering care and handling medication for the residents. There is a clear weakness in this system which puts people at risk. We discussed this further with the provider.

**Not met**

### Requirement 2

The provider must ensure that a suitable training plan is implemented so that staff have the skills and knowledge to meet the changing needs of the people who live in the home. Managers must ensure that staff are competent in meeting the needs of people who use the service. Therefore competency following training is required.

**This requirement was made on 2 February 2017.**

## Action taken on previous requirement

Since the last inspection there has been progress with the planned training for staff and managers. We saw improvements in some areas. For example, staff felt more confident in their practice. Management courses ensured that people improved their skills. We were told that the competency assessment planned was still in progress and we will follow this up at the next inspection visit.

We highlighted with the manager that fire training was due. The training for January had been postponed to February and we impressed on the staff team the importance of all staff having the knowledge of actions needed should a fire or other emergency occur.

## Not met

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

## Previous recommendations

### Recommendation 1

The provider must put in place a system to ensure that personal care plans:

- state individuals' specific health needs and associated risks.
  - quickly identify the priority needs of an individual when they move into a care home.
  - record under which circumstances relatives/friends are to be contacted if key events take place for an individual.
  - provide clear and accurate information and guidance for staff on how to meet the identified needs and risks.
  - evidence that assessment tools are used effectively and accurately to identify individuals' needs and are updated regularly and as individuals' circumstances change. This must include falls risk assessments.
- are reviewed regularly and updated to include changes as a result of a planned care review or when there is a change in an individual's needs.
- contain clear assessment and evaluation information regarding individual's needs and planned interventions by staff to meet these needs.
- ensure people's manual handling needs are clearly identified through assessment tools, risk assessment and care planning.

**This recommendation was made on 2 February 2017.**

## Action taken on previous recommendation

We inspected a sample of four care and support files. We found that the quality of information in the care plans was generally informative. The service was moving to a changed format for the care files and all of the files sampled used the new format. We found this new format helped with accessing information logically. Staff told us it was a useful change that they liked better. We saw that moving and handling information was appropriately recorded.

We were pleased to see that a focus on nutrition had ensured that none of the current residents were at nutritional risk. This is a good improvement from our last visit.

The service uses a dependency tool to measure the care needs of individuals. We found errors in how the form was calculated and we showed staff where this had happened.

## Recommendation 2

There needs to be more effective lighting to help maintain and improve orientation in line with best practice and evidence based research.

**This recommendation was made on 2 February 2017.**

### Action taken on previous recommendation

There had been no change since the last visit. The service had appointed a new maintenance team to ensure the building supported the needs of people living there.

## Recommendation 3

The service should ensure that they have an effective yearly training plan for its entire staff team. We expect that all staff working within the care home have received training appropriate to the work they are to perform and that all staff are appropriately trained in relevant aspects of the health needs of each individual using the service.

This training plan should include key areas such as: -moving and handling. -infection control. - health and safety. - nutrition and hydration. - first aid. - dementia care and support. - adult support and protection. - behaviours that can challenge.

**This recommendation was made on 2 February 2017.**

### Action taken on previous recommendation

We saw some progress with the training plan. This is further discussed in the requirement section of this report.

## Recommendation 4

The service is recommended to:

Introduce a competency assessment framework to satisfy themselves that training which has been delivered to staff is being applied in practice and resulting in positive outcomes for people.

This should incorporate observational monitoring of practice and could, for example, be included as part of the supervision process.

The service must ensure staff have attended moving and handling training before supporting people and have an assessed level of competence.

**This recommendation was made on 2 February 2017.**

### Action taken on previous recommendation

The service has still to address this recommendation.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

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

## Inspection and grading history

| Date        | Type        | Gradings                  |              |
|-------------|-------------|---------------------------|--------------|
| 27 Jan 2017 | Unannounced | Care and support          | Not assessed |
|             |             | Environment               | Not assessed |
|             |             | Staffing                  | Not assessed |
|             |             | Management and leadership | Not assessed |
| 16 Jun 2016 | Unannounced | Care and support          | 3 - Adequate |
|             |             | Environment               | 3 - Adequate |
|             |             | Staffing                  | 3 - Adequate |
|             |             | Management and leadership | 3 - Adequate |
| 20 Nov 2015 | Unannounced | Care and support          | Not assessed |
|             |             | Environment               | Not assessed |
|             |             | Staffing                  | Not assessed |
|             |             | Management and leadership | Not assessed |
| 29 Jun 2015 | Unannounced | Care and support          | 4 - Good     |
|             |             | Environment               | 3 - Adequate |
|             |             | Staffing                  | 2 - Weak     |
|             |             | Management and leadership | 3 - Adequate |
| 24 Mar 2015 | Unannounced | Care and support          | 4 - Good     |
|             |             | Environment               | 3 - Adequate |
|             |             | Staffing                  | 3 - Adequate |
|             |             | Management and leadership | 2 - Weak     |
| 15 Jul 2014 | Unannounced | Care and support          | 4 - Good     |
|             |             | Environment               | 2 - Weak     |
|             |             | Staffing                  | 3 - Adequate |
|             |             | Management and leadership | 3 - Adequate |
| 18 Feb 2014 | Unannounced | Care and support          | 3 - Adequate |
|             |             | Environment               | 2 - Weak     |

| Date        | Type        | Gradings                  |              |
|-------------|-------------|---------------------------|--------------|
|             |             | Staffing                  | 2 - Weak     |
|             |             | Management and leadership | 2 - Weak     |
| 1 Nov 2013  | Unannounced | Care and support          | 3 - Adequate |
|             |             | Environment               | 2 - Weak     |
|             |             | Staffing                  | 2 - Weak     |
|             |             | Management and leadership | 2 - Weak     |
| 12 Jun 2013 | Unannounced | Care and support          | 2 - Weak     |
|             |             | Environment               | 2 - Weak     |
|             |             | Staffing                  | 2 - Weak     |
|             |             | Management and leadership | 2 - Weak     |

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