

Ashlea House Care Home Service

Bracklinn Road
Callander
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Telephone: 01877 330325

Type of inspection: Unannounced
Inspection completed on: 15 November 2017

Service provided by:
Mauricare Ascot Care Limited

Service provider number:
SP2012011882

Care service number:
CS2012310159

About the service

Ashlea House registered with the Care Inspectorate on 3 October 2012. Ashlea House is a care home for older people situated in the rural Stirlingshire town of Callander. It is owned by Mauricare Ascot Care Limited and is registered to provide care for a maximum of 21 older people. The home is an older property which has been extended it is close to all amenities and transport in the town. The home is divided into three floors and access to all floors is by means of a lift. Ashlea House state that 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 nine residents throughout our inspection. We received back two 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:

"The staff at Ashlea House all do their job very well, in particular, the recently appointed Registered General Nurse. She is very efficient and the feedback concerning my relative's health is superb."

"My husband was initially booked into Ashlea for respite care for two weeks. Unfortunately he took ill and was cared for very well by the staff until he was able to come home after nearly six weeks. I am grateful for the care he received there. An issue arose where he was in Ashlea concerning a member of staff. This was speedily dealt with by the manager and problem totally resolved."

Self assessment

We are not requesting self assessments from services during 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	3 - Adequate

Quality of care and support

Findings from the inspection

We saw that residents within the home seemed well cared for. Staff were highly visible on the floor and we saw that they were attentive and responsive to residents in a warm and friendly manner. The service hold regular residents' meetings to ascertain their views on the day to day life of the service. They have also tried to establish a similar forum for relatives but with little interest at the moment.

In order to ensure that there are enough staff on duty with the experience and 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 know 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 planning lacked a person centred approach and therefore adequate information on the person's individual support needs which could affect people getting the help they need in the way that they want it. Risk assessments and care plans frequently contradicted each other instead of clearly intersecting and forming a cohesive picture of the residents' needs, the care required and how best to provide it. (See requirement 1).

The service has struggled to recruit and retain enough nursing staff, and acknowledge this had had a detrimental effect on completing care plans. The service should audit their care plans effectively in order to gauge their ongoing quality and how to improve same, paying particular attention to values and register. We found examples of recording that did not promote understanding residents' needs and how best to meet them, and did not promote respect, privacy and dignity, these were shared with management at feedback. We also found examples of residents showing stress and distress reactions and felt there was a lack of understanding of why residents would exhibit such behaviours, and how to care for them in a way that was kind and respectful. This is a training issue. (See recommendation 1).

Activities provision could be improved. Activities outwith the home are limited. 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. The service has rummage boxes, but they are in a storage cupboard instead of being readily available as they should be for a resident group that are unlikely to request them. (See recommendation 2).

Requirements

Number of requirements: 1

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.
 - 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.
 - contain clear assessment and evaluation information regarding individuals' needs and planned interventions by staff to meet these needs.
 - ensure people's manual handling needs are clearly identified through assessment.

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.

Timescale: 28 February 2018

Recommendations

Number of recommendations: 2

1. The service should arrange training in relation to stress and distress reactions and monitor staff practice and recording in this regard.

National Care Standards Care Homes for Older People Standard 5

National Care Standards Care Homes for Older People Standard 6

National Care Standards Care Homes for Older People Standard 9

2. 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:

- The bedrooms have been freshened up in the last two years, and public areas, but work is still outstanding.
- In the quiet lounge the ceiling needs repapered and painted to good standards.
- The upstairs bathroom ceiling needs fixed to an acceptable standard.
- The downstairs bathroom next to bedroom six is being used as a storage room.
- In room two and five the heating is not very good. The radiators were set to maximum heat but when touched were cold at the bottom and only lukewarm at the top. The ensembles were freezing.
- No real alternatives on the daily menu, or understanding of different diets.
- The first floor sluice had only one sink.
- The lift has still not been replaced.
- The service are still ordering woodchip wallpaper.
- The kitchen has not been upgraded or refurbished in any way, this was a condition of registration in 2012 also, and should have been completed by now.
- The laundry has not been upgraded or refurbished in any way, this was a condition of registration in 2012 also.

The kitchen is badly equipped, with domestic equipment in place which is not satisfactory to provide food for more than 20 adults every day. There are no coverings on any cupboards meaning good infection control is not in place, which could affect the health and wellbeing of residents. We saw little fresh fruit, meat or vegetables during inspection.

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.

The lift recently broke down and was unusable for a two and half week period. This left some residents confined to their rooms for the duration, at risk of social isolation. The lift has been in place for many years now and a contingency plan should be put in place should it break down again and require to be replaced. (See recommendation 1).

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 requirement 1).

Requirements

Number of requirements: 1

1. In order to make proper provision for the health, welfare and safety of service users, the provider must develop, implement and complete a programme of improvements to the environment which addresses the conditions from when the service was registered with the Care Inspectorate. This includes developing an action plan with timescales 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

Recommendations

Number of recommendations: 1

1. The service should draft a contingency plan in relation to the lift and its future longevity.
National Care Standards Care Homes for Older People Standard 4

Grade: 1 - unsatisfactory

Quality of staffing

Findings from the inspection

We found staff were very visible within the service, and they were seen to move between the two lounges, making themselves easily available to respond to residents. We found that staff interactions with residents were warm and friendly, and reassuring. Staff meetings were held regularly with good information exchanged amongst staff, and staff felt generally that communication among the staff team was good.

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.

Staff said that the five day induction met their needs in terms of understanding their role, and that the training and support they were given was good. As above, 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.

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. To do this, to ensure that staff are supported to achieve their full potential, to promote an effective skills mix within the staff team to best meet the needs of residents, regular supervision and appraisal should be offered. (See recommendation 1).

This ensures 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 inhouse). We found members of staff, for example, who had either never had Adult Support and Protection training, or who needed a refresher. This is a vital area of knowledge when working with the people who are using the service. (See recommendation 2).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

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.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

The service benefits from an experienced and knowledgeable manager who is well established and confident in her role. She is highly visible within the home, and operates an open door policy, we could see she was approachable and responsive to both residents and staff who needed something.

Auditing within the service needs to be done consistently to promote better outcomes for the people living in the service, across all quality themes. Care planning, in particular needs to be more cohesive and person centred and to achieve that staff need better training and appraisal of their work in this area. Auditing will give the manager and senior team a starting point from which to identify the strengths and weaknesses within the service in terms of the Care and Support, the Environment and Staffing and how to formulate an action plan that will take the service forward in a positive direction. (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: 3 - adequate

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

Previous requirements

Requirement 1

The provider must make proper provision for the health, welfare and safety of service users. In order to do so, 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 what 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 individual needs are regularly updated as individual circumstances change.
- are reviewed regularly and updated to include changes as a result of a planned care review or when there is a change to an individual's needs.
- contain clear assessment and evaluation information regarding individuals' needs and planned interventions by staff to meet these needs.
- ensure people's manual handling needs are clearly identified through assessment tools, risk assessments and care planning.

This requirement was made on 2 May 2017.

Action taken on previous requirement

We found that the service had reviewed the format of the care plans and this helped to make the information more accessible for staff. Risk assessments were mainly clear and gave guidance for staff in the delivery of care and support. We were pleased to see that emotional and social support were included in the care and support plans. We felt that the completion of the dependency tool was variable quality and we shared an example with the senior on duty so she could understand what the error was.

We discussed with the manager about the quality of the information recorded. There is scope for more meaningful contributions in the daily records and monthly evaluations.

Since the last inspection the member of staff with a special interest in moving and handling has moved on and the manager plans to identify another person to fulfil this role.

Not met

Requirement 2

A provider must not employ any person in the provision of a care service unless that person is fit to be so employed. This includes a person who, in order to perform the duties for which the person is employed in the care service, is required by an enactment to be registered with any person or body and is not so registered.

This requirement was made on 2 May 2017.

Action taken on previous requirement

We were very concerned at the last inspection about the requirement to employ only care staff who were properly registered. The service has taken steps to ensure that only staff who could demonstrate their registration delivered care and support to the residents at Ashlea.

However, there should be a system to check registration and we will look for this at the next inspection.

Met - outwith timescales

Requirement 3

To safeguard people who use the service and meet legal requirements the provider must not employ any person in the provision of the 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 May 2017.

Action taken on previous requirement

We sampled two recruitment files and found that attention to ensuring that references had sufficient weight in helping decide whether a post should be offered. This helps to support the safety of residents.

We spoke with the new manager to explain why the requirement was in place. We felt that an audit system would have picked up this issue through a good quality assurance system.

Not met

Requirement 4

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 May 2017.

Action taken on previous requirement

The senior manager showed us a training programme but this addressed general training topics only and was a list with some topics and timing 'to be confirmed'.

We expected a list of topics with names of who needs to attend and dates and agenda for each topic. We need a further record of who did attend, and a reflective account of how the training has informed their practice. The training plan should include topics for annual refreshers and topics which help staff meet the needs of individual residents receiving care and support.

Senior manager is developing this training programme and we could see some progress. We feel that attention to using the competency assessment would evidence this progress and ensure that competent staff are delivering good support.

Not met

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

Previous recommendations

Recommendation 1

We expect that service's support people to regularly communicate their views and opinions using a variety of methods to meet the communication needs of individuals. Services should regularly seek views and feedback from those using services and their relatives/carers, using methods appropriate to individuals' needs.

This recommendation was made on 2 May 2017.

Action taken on previous recommendation

The manager has held meetings for relatives and residents to gather their views and to hear their opinions. Records of these meetings for sharing with residents and relatives is the next step.

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 May 2017.

Action taken on previous recommendation

The manager ensured that the maintenance service upgraded lighting in the corridors and residents said it was an improvement for them the new maintenance service.

Recommendation 3

The service should have proper provision for keeping confidential information properly stored.

This recommendation was made on 2 May 2017.

Action taken on previous recommendation

We found this had been addressed satisfactorily.

Recommendation 4

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.

The training plan should include key areas such as:

- moving and handling.
- infection control.
- health and safety.
- first aid.
- nutrition and hydration.
- dementia care and support.
- adult support and protection.
- behaviours that can challenge.

This recommendation was made on 2 May 2017.

Action taken on previous recommendation

Our requirement noted above should take account of the detailed information we included to help the staff team make their plan. Some progress has been made and we will review at the next full inspection.

Recommendation 5

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 May 2017.

Action taken on previous recommendation

This recommendation ensures that the training has been effective in ensuring staff have the skills and knowledge needed. This recommendation has not been fully addressed.

Complaints

Please see Care Inspectorate website (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
9 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 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	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
6 Nov 2014	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
14 Jul 2014	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
18 Feb 2014	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak

Date	Type	Gradings	
		Staffing Management and leadership	2 - Weak 3 - Adequate
15 Oct 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
24 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak

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