

## Ashlea House Care Home Service

Bracklinn Road  
Callander  
FK17 8EH

Telephone: 01877 330325

**Type of inspection:**

Unannounced

**Completed on:**

17 September 2018

**Service provided by:**

Mauricare Ascot Care Limited

**Service provider number:**

SP2012011882

**Service no:**

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 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, as well as enjoying a relaxed, happy and friendly atmosphere.

## What people told us

People we spoke with during the inspection were happy with the care they received from the home. They spoke positively about the way staff supported them. Comments included:

"Staff are very good"  
 "Everything is going fine"  
 "Meals are okay"  
 "I've no worries or complaints"  
 "I'm fine here. I like my room"  
 "I am not aware of any activities going on"  
 "The staff are lovely"  
 "They look after us well"  
 "I'm quite happy here"  
 "The food is good"  
 "I like it fine here"  
 "The food is mostly fine"  
 "The staff are okay"  
 "I'm happy enough"  
 "The staff are nice and kind".

We spoke with a relative who was visiting. They spoke highly about the care provided by the staff. A concern they had was being dealt with by the manager.

We received three completed relative care questionnaires before the inspection. All strongly agreed that they were happy with the quality of the care provided by the service. Comments in the questionnaires included:

'Ashlea is like (relative's) home more than a care home. To me that is very important. I feel it is all thanks to the staff'

'A lovely homely environment. Excellent standard of care. Could do with more staff. We look forward to a new activities co-ordinator starting as this will give residents more to do'

'The care staff in Ashlea are always friendly and welcoming. My (relative) is happy and contented, enjoys the food and gets on well with staff'.

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak

How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

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

## How well do we support people's wellbeing?

**2 - Weak**

People using care services should experience care and support where they are respected and valued.

We found that people's dignity was not respected. Staff spoke about residents in a disrespectful manner. When discussing people who required support from one or two staff they called them 'singles' and 'doubles'. This terminology showed a total lack of awareness of the principles and values of care and supporting people with dementia and complex needs.

Some of the care staff group lacked compassion and understanding when supporting people who showed symptoms of stress and distress. We did notice that the cook and domestic staff had very caring and friendly interactions with people living in the home. They showed genuine kindness.

People were not always involved or consulted when their care was planned. There was limited evidence to show people's choices were considered when their care was provided. For some people, their care and support was delivered around routines and tasks. There was a lack of an individual approach to supporting people.

During the inspection we witnessed staff provide an inappropriate response to an incident involving two people living in the home. The staff lacked understanding of the impact this had on one of the people involved. The dismissive attitude of the staff lacked empathy and respect for the person's feelings. **(see Requirement 1)**

People in the service should be able to get the most out of life. Staff and the organisation who support and care for them should have an enabling attitude and believe in their potential. Very little meaningful activity was provided to maintain peoples' independence and daily skills and abilities. There was little information on peoples' previous hobbies, choices and social activities. **(see Requirement 2)**

Administration of medication practice must improve. Issues identified during the inspection had the potential to negatively effect peoples' health outcomes. **(see Requirement 3)**

### Requirements

1. The provider must put in place a system to confirm that people are treated with dignity and respect at all times by 1 December 2018. This must include evidence that people's human rights are protected and promoted. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My human rights are protected and promoted and I experience no discrimination' (HSCS 1.2), and 'I experience care and support where all people are respected and valued' (HSCS 4.1), and in order to comply with Regulations 3 Principles and 4 Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.
2. In order to ensure people get the most out of life, the provider must put in place a suitable programme of meaningful activities by 1 December 2018.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6), and 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25), and in order to comply with Regulations 3 Principles and 4 Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

3. In order to ensure that people get the medication they need, the provider must put in place an effective medicines management system by 1 December 2018.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "if I need help with medication, I am able to have as much control as is possible" (HSCS 2.23), and in order to comply with Regulation 4 Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## How good is our leadership?

## 2 - Weak

People using services should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

The service had quality assurance processes in place but these were not being fully completed each month. Actions to address identified improvements were not always completed. There was a lack of self-evaluation to confirm the quality of the service provided. **(see Requirement 1)**

Changes within the service appeared to happen in response to issues rather than planned developments to improve people's experiences of living in the home.

There was a lack of awareness of effective improvement procedures. People's support plans had been significantly changed without the manager and senior team fully understanding the impact of the changes they made.

There was a lack of a suitable process to keep people's money safe. Records had not been fully and accurately completed. Regular auditing of these records was not always carried out. **(see Requirement 1)**

Complaints and concerns from people were not always fully recorded to show what actions had been taken to address the complaint or concern. **(see Requirement 1)**

A requirement in relation to quality assurance was made at the last inspection. This has been adapted and made again at this inspection **(see Requirement 1)**

## Requirements

1. In order to identify and action improvements to the service, the provider must put in place effective systems of quality assurance by 1 December 2018. These must include appropriate procedures for managing people's money and complaints.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19), and in order to comply with Regulations 4 Welfare of Users and 18 Complaints of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## How good is our staff team?

### 2 - Weak

People using care services should expect their needs to be met by the right number of staff who have time to support and care for them and to speak with them.

Staff told us they had no time to support peoples' social and emotional needs due to regularly being short staffed. People using the service and their relatives said the staff were very busy and often rushed. When people asked for help, this was not always responded to promptly.

Monthly assessments of peoples' dependency levels were not used to adjust the staffing numbers to make sure adequate staff were available to support people appropriately.

The service should have a trained nurse on each shift but this was not happening. There was only one nurse employed for day duty and one nurse for night duty. This could impact negatively on peoples' health and wellbeing needs. **(see Requirement 1)**

Staff work hard to be flexible and adapt to when they are needed on shift. They support each other well but were feeling under pressure due to staffing numbers.

The records of staff training were not complete and it was difficult for us to confirm that staff had access to appropriate training suitable for their roles. This was a requirement made at the last inspection and has been adapted and repeated for this inspection. **(see Requirement 1)**

## Requirements

1. In order that people are supported by the right number of skilled and experienced staff, the provider must ensure by 1 December 2018 that there are adequate numbers of suitably qualified and competent people working in the service at all times. This must include the provision of training appropriate to the work staff are expected to perform.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that '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), and 'My needs are met by the right number of people' (HSCS 3.15), and in order to comply with Regulation 15 - Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## How good is our setting?

### 3 - Adequate

People should be able to expect that the home environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

The home had a warm, clean and fresh atmosphere. Domestic staff obviously work hard to maintain a strong level of cleanliness in the home.

We were pleased to find that the provider had made some improvements to the home environment since the last inspection. The kitchen and laundry had been reorganised and updated to strengthen hygiene and infection control procedures.

Although systems were in place to check and maintain the home environment, these were not being completed regularly. Regular maintenance and safety checks of the environment and equipment is an important part of keeping people safe. A new maintenance person had been recruited but was not in post yet.

The layout of communal areas and storage of mobility equipment could be restricting people's movement, limiting their independence or increasing their dependence on staff. The service should review the home environment with a view to improving how it promotes people's independence and their day to day skills and abilities. **(see Area for improvement 1)**

## Areas for improvement

1. The provider should review and improve the environment to promote and maintain people's independence, skills and abilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16)

## How well is our care and support planned?

**2 - Weak**

People using the care service should expect to be fully involved in assessing their emotional, psychological, social and physical needs at an early stage, regularly and when their needs change.

It was not clear from people's personal plans that they, or their relatives, had been fully involved in completing the plan. It is vital that people are involved to make sure their views and suggestions are included and considered when planning their care. **(see Requirement 1)**

People should have a personal plan that is right for them because it sets out how their needs will be met, as well as their wishes and choices. Although people's support needs were being assessed, there were no care plans in place to guide staff on the level of support the person required. When a risk had been identified, there was no plan in place to advise staff on how to effectively manage or reduce the risk for the person. **(see Requirement 1)**

It was concerning that the manager had identified the lack of suitable care plans, but had not acted on this.

A requirement in relation to personal plans was made at the last inspection. We have adapted this and made it again at this inspection **(see Requirement 1)**

## Requirements

1. In order that people's care and support is planned, regularly reviewed and updated when their needs change, the provider must ensure by 1 December 2018 that personal plans are in place which outline how people's health, welfare and safety needs are to be met. Evidence that people have been involved in developing the plan must be included.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12) and 'My personal plan (sometimes referred to as a care plan) is right for me

because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15), and in order to comply with Regulation 5 - Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

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

### Requirements

#### Requirement 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 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 individuals' needs and are updated regularly and as individuals' 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 individuals' 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.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 3 - Regarding the principles of the act and Regulation 4(1)(a) - Welfare of users.

Timescale: 28 February 2018.

**This requirement was made on 15 November 2017.**

#### Action taken on previous requirement

Please see the information documented in Key Question 'How well is our Care and Support Planned' section of this report for the actions taken by the provider.

**Not met**

#### Requirement 2

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, SSI 2011/210 Regulation 3 - Regarding the principles of the act, Regulation 4(1)(a) - Welfare of users and Regulation 10 - Fitness of premises.

Timescale: 28 February 2018.

**This requirement was made on 15 November 2017.**

## Action taken on previous requirement

Please see the information documented in Key Question 'How good is our setting' section of this report for the actions taken by the provider.

**Met - outwith timescales**

## Requirement 3

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, SSI 2011/210 Regulation 3 - Regarding the principles of the act, Regulation 4(1)(a) - Welfare of users, Regulation 9 - Fitness of employees and Regulation 10 - Fitness of premises.

Timescale: 28 February 2018.

**This requirement was made on 15 November 2017.**

## Action taken on previous requirement

Please see the information documented in Key Question 'How good is our leadership' section of this report for the actions taken by the provider.

**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 is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 4(1)(a) - Welfare of users and Regulation 9 - Fitness of employees.

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

## Action taken on previous requirement

Please see the information documented in Key Question 'How good is our staff team' section of this report for the actions taken by the provider.

**Not met**

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	2 - Weak
---	----------

5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak
--	----------

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.