

Ashgill Care Home Care Home Service

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Type of inspection:

Unannounced

Completed on:

24 January 2019

Service provided by:

Ashgill Care Home Limited

Service provider number:

SP2012011783

Service no:

CS2012306467

About the service

Ashgill Nursing Home is a privately run Care Home. It is based in the Milton area of Glasgow and provides 24 hour care for a maximum of 60 older people including individuals with a diagnosis of dementia. At the time of this inspection, there were a number of vacant bedrooms, with 49 residents.

The home is purpose-built in a residential area with both single and double room accommodation, reception room, lounge areas, dining rooms, bathrooms/shower rooms and toilets. There are attractive garden grounds which have been specifically designed for people using the care home service. All residents were accommodated in single rooms at the time of our inspection. The service aims to provide flexible, individualised care within a safe and well presented environment where the promotion of independence and choice is encouraged.

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What people told us

The people we spoke with told us that both staff and management were approachable and that they felt comfortable to raise any issues with them. During this inspection people told us that they were happy living at the service. People felt safe and told us that staff were kind and understanding.

Comments included:

"have no complaints at all as the staff are very helpful and easy to talk with."

"The staff will help you; if there's something you're not happy with they'll help you to get it fixed."

"It's good here."

"staff have the right training."

"I enjoy seeing my family."

"Would rather be in my own home."

"I can speak with the manager and the staff when worried."

"They are all lovely, I couldn't ask for any more."

"staff really listen to me."

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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	3 - Adequate

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

The staff knew the social and health needs of residents and could respond in an individualised and positive manner. This led to positive outcomes including, improved health and wellbeing, and appropriate management of behaviour issues. Residents were confident that their views were acknowledged and their choices were respected. Relatives told us that staff were knowledgeable of people's needs and personal preferences.

It was important that people were fully involved in all decisions affecting their care plan and the running of the service to ensure that they felt valued and received appropriate support. We found that a high priority was given to health care, attending medical appointments and following treatment plans. Good partnership working with a range of health care professionals was noted and relatives we spoke with were confident that their family members' health needs were fully supported. (See areas for improvement 1 & 3).

As proficient communicators, staff and managers ensured that residents were involved in all conversations and had a voice throughout this inspection. Staff were warm and caring, and showed compassion and respect in their interactions. Such attitudes were also evident in relationships with residents' families and friends, who were welcomed into the home at all times. We spent time observing how staff supported and interacted with residents. Directly observing care is an important way to help us judge whether a service complies with the regulations and meets the outcomes for people.

We used the Short Observational Framework for Inspection (SOFI) to help gather information on the experience of residents who were unable to tell us their views. People who experienced care should expect to have access to suitably presented healthy meals and snacks that helped them maintain nutritional health and wellbeing.

We observed a mealtime and found that people were offered a range of menu choices and they appeared to be enjoying their food. Residents received assistance in a dignified way which respected personal preferences. Overall, people experienced responsive care and support through the assessments and care planning carried out by staff.

The way people spend their day should promote feelings of purposefulness and wellbeing. Activities should be meaningful and suited to individuals' abilities and needs. The service continued to look at ways to improve the availability and quality of activities, including one to one activities. Residents should expect their care home to provide them with the opportunity to maintain and develop interests and participate in activities that matter to them. For example, we could see that people were central to decisions regarding how they spent their time or chose their daily routines. Residents and their families experienced a range of facilities within the home which was built to encourage meaningful activities. Relatives told us that this included access to various areas within the home such as lounges, dining rooms and quiet areas in which they could meet. This meant that their home was able to support meaningful engagement.

Staff interviewed told us they had easy access to management and a framework of support through induction, supervision, personal development. Staff had access to various training opportunities to support the assessed needs of residents; this ensured that their health and wellbeing needs were being met. (See areas for improvement 2).

Staff were appropriately registered with their professional bodies, for example the Scottish Social Services Council, or the Nursing and Midwifery Council; this ensured the safety of residents. Residents told us they knew how to make a complaint and if they ever required doing so they could speak to the staff and manager as they found everybody very approachable.

Areas for improvement

1. We found the overall management of medication to be of a satisfactory standard. We discussed with the manager further clarity in protocols to guide staff in order to strengthen quality audits with medication management. For example, 'As required' medication protocols were not consistently in place for all medicines which needed one. We suggested that the management team introduce a medication audit for the team to evidence their monthly checks. Managers should introduce a medication audit to evidence their monthly checks.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14)

2. In order that people are cared for by staff who receive training relevant to each resident's needs, the training programme should be further developed to better reflect the experiences of older people, for instance, regarding falls prevention, continence care and good nutrition. Dementia awareness training champion role should be prioritised to ensure staff have planned access to develop their skills.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "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)

3. We noted that not everyone had consents in place for the use of passive infrared devices. We discussed with the service that best practice would be to include passive sensors within consent forms, this will enhance people's choice and involvement. We will monitor this at future inspections.

This will ensure care and support is consistent with the Health and Social Care Standards, which state: "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).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

3 - Adequate

Management were visible role models and were viewed by everyone we spoke with as supportive and approachable. Staff described an open culture where they would be confident to raise any issue of concern with managers.

Staff were committed to providing good care and support. We observed both the mealtime experience and activities for people using the service and found overall this was well-managed by staff who were caring and provided the correct level of support. People using the service are supported to eat and drink well, staff regularly offered snacks and drinks outwith mealtimes. However, care plans were not always matching some of the good approaches used by staff. The service had systems in place to ensure that any safeguarding concerns were dealt with appropriately. This included accidents and incidents. The management team, to ensure that suitable people were employed to work in the service, carried out recruitment checks. This meant that people who experienced this service were kept safe. Staffing levels were regularly monitored by management to ensure that the necessary levels of staff were on duty to meet resident care needs. (See areas for improvement 1, 2, 3 and 4).

People using this service told us they were very comfortable giving feedback and raising any concerns, as they knew they would be acted on. People said that they were able to explain how the manager had taken forward their opinions. We could see that the strong relationships and clear communication from staff knew, valued and responded to people as individuals as they were tuned into unique needs and worries.

People living at this service felt included in making decisions to improve the quality of different areas in the service and discussed taking part in all parts of this inspection.

Areas for improvement

1. Due to a change in management team, quality assurance and improvement showed limited progress since our last inspection. We found that previous areas for improvement were still being progressed, or still to be implemented. Previous inspections had recommended that the service should further develop their quality assurance system. The service should gather all information from audits and actions from meetings and use this to develop the quality of all aspects of the service. This will influence a service development plan. We will monitor this at future inspections. The service should use the information it receives from meetings, complaints, or inspection to influence the service improvement plan. This will also allow residents and their families to influence the development of the service. We will monitor this at future inspections. The service should ensure that there are appropriate systems in place to enable staff to report discrepancies in all areas of service delivery.

This ensures care and support is consistent 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)

2. Dementia awareness training had taken place since the last inspection. However, it would be good to appoint staff champions in this area, who were trained to a higher level in line with the 'Promoting Excellence' standards on dementia and who could guide and inform staff practice. Other areas of staff training linked to the needs of an ageing population would also benefit residents, for instance, regarding falls prevention, continence care, and good nutrition.

This ensures care and support is consistent 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)

3. Strong leadership skills promote good care and support and people's confidence in a supportive working environment. With this in mind, we encouraged the manager to introduce the Scottish Social Services Council 'Step Into Leadership' programme, or equivalent, for her workforce.

This ensures care and support is consistent with Health and Social Care Standards My Support My Life. I experience high quality care and support because people have the necessary information and resources. (HSCS 4:27)

4. Although we observed people experiencing positive outcomes; the service did not always capture how they had enabled people to get the most out of life and achieve their goals. We discussed with the service that an area for improvement would be to seek guidance from the provider in how it planned to develop an outcome focussed personal plan. Although support plans sampled were completed with information which enabled staff to support people, the detail within the care plans did not guide staff to provide person centred support. It was difficult to see clearly how people achieved their goals and how this was measured. The provider should ensure that care plans are person centred and contents are relevant to the individual through the use of the outcomes from the review process and ensure all required paperwork is in place.

This ensures care and support is consistent with Health and Social Care Standards My Support My Life. I experience high quality care and support that is right for me. (HSCS 4:27) 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) We will monitor this at future inspections.

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

In order to develop all interactions with people living at this home, the service should continue to use the 'Promoting Excellence Framework' to ensure that greater staff numbers are credited at a higher level of dementia practices. National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements.

This area for improvement was made on 7 February 2018.

Action taken since then

Action taken on recommendation: limited progress has been made due to a new management team not yet having quality assurance systems in bedded that maintain and drive up standards. See areas for improvement 5.1. Recommendation - Not met

Previous area for improvement 2

Outcomes could be more explicit with further effective use of person centered tools. National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements.

This area for improvement was made on 7 February 2018.

Action taken since then

Limited progress has been made due to a new management team not yet having quality assurance systems in bedded that maintain and drive up standards. See areas for improvement 5.1. Recommendation - Not Met.

Previous area for improvement 3

The service should continue to review audit systems including medication systems, particularly, the recording of controlled medication to ensure that records are clear and auditable in order to further developing both their effectiveness and identifying timeframes to enhance the service plan. National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements.

This area for improvement was made on 7 February 2018.

Action taken since then

Limited progress has been made due to a new management team not yet having quality assurance systems in bedded that maintain and drive up standards. See areas for improvement 5.1. Recommendation - Not Met.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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