

# Ashwood House Care Home Service

Leny Road  
Callander  
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Telephone: 01877 330111

**Type of inspection:**

Unannounced

**Completed on:**

24 September 2019

**Service provided by:**

Mauricare Ascot Care Limited

**Service provider number:**

SP2012011882

**Service no:**

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 to 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 a smaller and more personalised care home surroundings, enjoying a relaxed, happy and friendly atmosphere.'

## What people told us

During the inspection we spoke directly with eight people and used our observation tool (SOFI2) to observe the experience of two people who were not able to tell us their views about living in the home.

Most people spoke positively about the staff and how they care for them. A few commented that some staff were better than others but did not wish to tell us why.

Comments from people included:

"It's pretty good"

"Despite the lack of staff at times, it's good"

"The staff are always on the go. They are cheerful and very supportive. They are good people"

"It's fine. Most of the staff are very good"

"The food is not always what I would choose if at home"

"I'm as happy as I can be here"

"Staff are friendly, some of them not"

"It's fine".

We spoke with six relatives and visitors during the inspection. Most were happy with the care being provided to their relative. Comments from them included:

"My relative looks like they are well cared for"

"The home has gone downhill in the past three months"

"There is an issue with clothes and belongings going missing"

"Staff don't appear suitably trained. There is a lack of attention to detail with people's care"

"Activities very repetitive and not people's choices"

"I don't think they are giving people their dignity"

"Staff very helpful"

"Relative very well looked after"

"We couldn't wish for better"

"The staff have adapted to my relative's needs"

"The entertainment is very good"

"The staff are so caring, they make the place"

"The aesthetics are not great" (the home environment)

"My relative's support levels never phase the staff. They deal with things really well"

"I am kept fully informed".

## 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?	2 - Weak
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**

Through this inspection we found that the service was performing at a weak level.

People were shown respect and compassion when staff were directly supporting them with their care needs. However, the daily routine and practice in the home showed a lack of respect for people's individual support needs.

We were disappointed to see practice which was very task based throughout the inspection. It was evident that the routine in the home had been developed around the staff workload rather than people's choices, preferences or support needs. (see Requirement 1)

There was a lack of attention to detail in relation to people's appearance and hygiene levels. Some people had not been supported to maintain their usual routines or their preferred personal hygiene levels. At one point we observed a staff member look at someone who had a food stain on their jumper, sigh, and walk away. Another member of staff wiped the stain when they came to support the person. This showed a total lack of respect for the person's dignity.

People should expect to get the most out of life because the staff and organisation who support and care for them have an enabling attitude and believe in their potential. There was a lack of awareness and understanding of the importance of providing people with meaningful activities and purposeful engagement. Although some activities were held daily, these were not linked to people's skills, abilities or choices. People with more complex support or communication needs had very little or no regular meaningful activity. This could lead to boredom or people becoming withdrawn socially. (see Requirement 1)

We had a number of concerns about how the service supports people's health needs. People who had lost weight or were at risk of malnutrition were to have a 'modified diet'. This is when additional calories and nutrients are added to the person's meals and snacks. This is decided in consultation with the GP and dietician. When we spoke with the cook they were only able to tell us that a milkshake is provided at tea-time for people. This did not happen, despite us being in the home at tea-time. They showed no awareness of what we would expect to happen for people on modified diets. This puts people at an unacceptable additional risk. (see Requirement 1)

End of life care practice was inadequate. There was a lack of a co-ordinated approach when people were receiving end of life care. Support plans had not been updated to reflect the person's present care needs. Practice for the assessment and management of people's pain was unfit to support people appropriately. (see Requirement 1)

We were troubled to find that people's health charts were not completed as they should have been. For example, food and fluid intake charts were either partially completed, missing or blank. Position change charts for people who were unable to move, again were partially completed, missing or blank. (see Requirement 1)

Medication practice should be improved. When staff make handwritten entries or amendments in the MAR (medication administration record) charts, two staff should sign to confirm the information is correct. Regular audits of the MAR charts would highlight any omissions quickly. Variable dose medications should have the dose that was administered recorded.

## Requirements

1. In order to ensure that people's health and wellbeing needs are appropriately supported, the provider must put in place effective systems and procedures to confirm these needs are being met by 31 December 2019. This must include staff practice in relation to:

- enablement
- supporting independence
- meaningful activities
- nutrition and fortified diets
- end of life care
- pain assessment and management
- consistent recording of health and wellbeing charts.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard which states 'My care and support meets my needs and is right for me' (HSCS 1.19). It is also necessary 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

Through this inspection we found that the service was performing at a weak level.

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

Although the service had quality assurance systems, these had not been completed regularly with some not completed for a significant number of months. Effective and regular internal auditing and reviewing of the service would have enabled the provider to identify, and act on, the concerns we found during this inspection at an earlier stage. (see Requirement 1)

The procedures for managing and checking people's money held in the service was weak. A number of the records had not been checked or audited for almost a year. There was a lack of awareness and understanding on what was appropriate to purchase with people's own funds. For example, staff had used someone's own money to buy three tubs of topical skin cream when this can be prescribed free. (see requirement 1)

We asked the manager to immediately act on this. We received confirmation within 48 hours that this had been addressed. This will be followed up again at the next inspection.

We were concerned about a record in someone's daily notes. This indicated a possible adult protection incident. There was a lack of awareness from the service in relation to appropriately managing this incident. (see requirement 2)

We asked the manager to immediately act on this also. Again we received confirmation within 48 hours that this had been addressed.

A number of the staff group spoke to us about the lack of appropriate stock and equipment. We discussed this with the manager and provider. Although they did not feel this was an issue, they plan to develop systems to make sure this adequate stock is available at all times. We will review this at the next inspection.

It was concerning to find that both the manager and the provider had a lack of oversight and awareness of the deficient areas of practice within the home.

We spoke with the provider about the home brochure given to people when they come into the service. This did not reflect the standard of setting or the service which people could expect. The provider should review and update the information within the brochure they give to people moving into the service. This is to make sure it provides accurate and up to date information on what people can expect living in the home.

## Requirements

1. In order to identify and action improvements to the service, the provider must put in place and regularly complete, effective systems of quality assurance by 31 December 2019. This must include appropriate procedures for managing people's money.

This is to ensure 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 procedures (HSCS 4.19) 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

2. In order to protect and keep people safe, the provider must put in place effective procedures for the Protection of Vulnerable Adults by 31 December 2019. This must include appropriate training and guidance for staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I am protected from harm, neglect, abuse and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) 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 staff team?

### 2 - Weak

Through this inspection we found that the service was performing at a weak level.

People should have confidence in the staff because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes.

Observations of staff practice showed they lacked an awareness and understanding of good practice guidance and the principles of the Health and Social Care Standards.

There had been very little training and development opportunities for staff since the last inspection. This limits staff's ability to keep up to date with current care practices and improvements. (see Requirement 1)

People should have their needs met by the right number of staff. This was not always happening. The home had a number of occasions when staffing numbers had a negative impact on people's care and support. On the first

day of the inspection there was one senior carer and two care staff on duty. We saw that staff managed this by the majority of people being in their rooms and only a few up in the communal lounges. We were not assured that it was everyone's choice to stay in their rooms. This is weak practice. (see Requirement 1)

Procedures for staff recruitment was unfit and did not follow best practice guidance. (see Requirement 2)  
The service was not always obtaining two references for staff and PVG (Protection of Vulnerable Groups) was not consistently being checked before the person started in the service. This puts people living in the home at an unacceptable risk.

Staff had not been supported through regular supervision and appraisals. These are important ways of making sure staff are carrying out their roles effectively, are kept up to date and learning and development needs are addressed. (see Areas for Improvement 1)

## Requirements

1. In order that people are supported by the right number of skilled and experienced staff, the provider must ensure by 31 December 2019, 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 and development opportunities appropriate to the work staff are expected to perform.

This is in order to ensure that 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) and 'My needs are met by the right number of people' (HSCS 3.15) and in order to comply with Regulations 4 - Welfare of service users and 15(a)(b) - Staffing of the Social Care and Social Work Improvement Scotland Regulations 2011.

2. In order that people's safety is protected, the provider must ensure by 31 December 2019, that they implement an effective system of staff recruitment.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24) and in order to comply with Regulations 4 - Welfare of service users and 9 - Fitness of employees of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Areas for improvement

1. The provider should improve the systems of staff supervision and appraisal provided to staff to enable them to effectively carry out their roles.

This is to 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 setting?

**2 - Weak**

Through this inspection we found that the service was performing at a weak level.

People should be able to experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

Gas equipment, electrical testing and equipment used to enable people to move safely had been regularly serviced and maintained.

Repairs had not been acted on promptly. A significant number of repairs to a range of areas including people's bedrooms had been delayed unnecessarily. The provider had a slack approach to repairs and some were only acted on when we had started the inspection. (see Requirement 1)

Some equipment had not been appropriately maintained and regularly checked. For example, the nurse call system had not been checked since December 2018. During the inspection we were made aware that a number of nurse call buzzers were not working. This meant people could not call for staff when they needed them.

A number of other checks had not been carried out for some time. These included window restrictors and bed rails. This puts people's safety at risk. (see Requirement 1)

A Legionella check and certificate had been carried out in June 2019. As part of their safety checks, the service must make regular safety checks in relation to the risk of Legionella from the water systems. This includes up to date water safety risk assessments, monthly hot/cold water checks and regular cleaning of shower heads. These had not been completed, increasing the Legionella risks (see Requirement 1)

We were disappointed in the lack of value the provider and the service put on people's home environment. This showed a lack of respect for people's dignity.

There was no plan for a regular programme of maintaining and updating the home environment. (see Requirement 1)

The conservatory area requires attention in relation to the lack of roof covering or blinds to keep the direct sun away from people when they are in there. This is so that a comfortable temperature can be maintained at all times. (see Areas for Improvement 1)

The home environment did not promote people's independence. The home had just completed the 'Kings Fund Audit' tool of the setting and had developed an action plan. We will follow up on this at the next inspection. (The Kings Fund Audit Tool enables services to review and audit their home to make sure it is suitable for people with dementia and/or sensory impairments)

The domestic staff work hard to make sure the setting is clean and tidy. There is no cover for holidays or sick leave, meaning that there are times when the home is not cleaned every day. We spoke with the provider about this. They planned to address this issue. We will review this at the next inspection.

## Requirements

1. In order to ensure that people are kept safe and experience clean, tidy and well-maintained premises, furnishings and equipment, the provider must put in place by 31 December 2019 an effective system of regular maintenance, servicing and repairs. This includes a planned programme of improvements to ensure the environment meets people's needs.



This is in order to ensure that care and support is consistent with the Health and Social Care Standard which states 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.21) It is also necessary to comply with Regulations 4(a)- Health, welfare and safety of service users and 10(b)(d)- Fitness of premises of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Areas for improvement

1. The provider should improve the environment within the conservatory to make sure it has a comfortable temperature at all times. This includes protecting people from direct sunlight in the area.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.19) 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**

Through this inspection we found that the service was performing at a weak level.

People should expect that their personal plan (sometimes referred to as a care plan) is right for them because it sets out how their needs will be met, as well as their wishes and choices.

People's support plans did not fully reflect their abilities, choices or level of support they required from staff (see Requirement 1)

Support plans had not been updated to reflect changes in their health or care needs. This meant staff did not have the appropriate information on how to support people effectively. For example, a person's continence plan documented they had a urinary catheter in place, but this had been removed. The support plan provided out of date information and the wrong level of guidance for staff. This could impact on the level of support provided for the person. (see Requirement 1)

Health and risk assessments were being completed regularly. Where a risk had been identified we would expect to see a plan of care to guide staff on the person's support needs. These were not in place. (see Requirement 1)

Support plans lacked person led information on what people could do for themselves and what level of support they needed from staff (see Area for Improvement 1)

It was difficult to see from the information in people's support plans how staff provide the most appropriate level of assistance and care to maintain people's independence.

We were disappointed to see that there was a lack of expectations around people maintaining and developing new skills and abilities whilst living in the home.

## Requirements

1. In order that people's care and support is planned, regularly reviewed and updated when needs change, the provider must ensure by 31 December 2019, 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 in order to ensure that care and support is consistent with the Health and Social Care Standards which state '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) It is also necessary to comply with Regulation 5 – Personal Plans of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## Areas for improvement

1. To support people's independence, the service should improve the level of person led information and guidance within their support plans. This should include what people can do for themselves and the level of support they require from staff.

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

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

## Requirements

### Requirement 1

In order that people are supported by the right number of skilled and experienced staff, the provider must ensure by 4 January 2019 that there are adequate numbers of suitably qualified and competent people working in the service at all times.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me (HSCS 3.16) and 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17), and in order to comply with Regulations 4 Welfare of Users and 15 Staffing of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 31 October 2018.**

**Action taken on previous requirement**

The evidence obtained through the inspection, and documented in this report, showed that this requirement had not been met.

Please see information documented in Key Questions 1 and 3 of this report for further details.

**Not met**

## 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

The provider should improve the provision of meaningful activities. This is to ensure care and support is consistent with the Health and Social Care Standards which state that '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)

**This area for improvement was made on 8 November 2019.**

**Action taken since then**

Please see Key Question 1 for further information on this area for improvement.

#### Previous area for improvement 2

The provider should review the home environment using the Kings Fund Audit Tool 'Is your Care Home Dementia Friendly'. An action plan should be developed to show how and when any identified improvements would be completed. This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16)

**This area for improvement was made on 8 November 2019.**

**Action taken since then**

The service had just recently completed an audit of the setting using the Kings Fund tool. An action plan had been developed but not yet acted on. We will follow up on this at the next inspection

### Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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?	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak

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

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