

# Ashlea House Care Home Service

Bracklinn Road  
Callander  
FK17 8EH

Telephone: 01877 330325

**Type of inspection:**

Unannounced

**Completed on:**

16 September 2019

**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

During the inspection we spoke directly with four people living in the home. We also used our observation tool (SOFI2) to observe the experience for people not able to give us their views about living in the home.

Most people were happy with the care they received. Comments from people included:

"It's quite good here."

"The staff are fine."

"The food is good."

"Not a lot going on during the day."

"I'm happy here."

"The food is good. The staff are lovely. I like it here."

"It's fine here. The staff are nice."

"I'm happy enough."

We spoke with two relatives who were visiting during the inspection. Both felt the care was okay but could be improved. Comments included:

"Most people are asleep when we visit."

"Staff are mostly task orientated. One carer we saw was gentle and caring."

"Not much activity going on."

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate

How well is our care and support planned?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

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

**3 - Adequate**

Through this inspection we found that the service was performing at an adequate level.

People should get the most out of life because the people and organisation who support and care for them have an enabling attitude and believe in their potential.

Staff were friendly and respectful in their day to day work. They were caring and relaxed towards people living in the home. They had a quiet manner which, at times, missed opportunities for meaningful engagement and conversations with people. The manager planned to provide further support for staff to improve on this.

We were pleased to find the home had increased the number of meaningful activities provided daily. These should be further improved to make sure people's choices, preferences and abilities are used to plan activities in and out of the home. The whole staff group would benefit from further awareness and understanding of the importance of promoting people's independence and enabling people to maintain their skills and abilities. **(See area for improvement 1)**

Practice in relation to the administration of medication continues to require improvement. Not all medications had been signed to confirm they had been given as prescribed. This meant people did not get their medication when they should have, increasing the risk to their health. This was a requirement from the last inspection and has been made again at this inspection. **(See requirement 1)**

Further improvement was required in how the service assesses and manages people's pain. There was a lack of awareness of the link between people's behaviour, communication and pain levels. No pain assessments had been considered for people who were not able to say when they were in pain. There was a risk that people's pain had not been appropriately recognised, assessed and controlled. This would have a negative impact on their health and wellbeing. **(See requirement 2)**

### Requirements

1. In order to ensure people get the medication they need, the provider must put in place an effective medicines management system by 30 November 2019.

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

2. In order to ensure people's pain levels are recognised, assessed and managed appropriately, the provider must put in place effective pain management procedures by 30 November 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'My care and support meets my needs and is right for me.' (HSCS 1.19), 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.

## Areas for improvement

1. The provider should improve the meaningful activities provided in the home. This should include activities to maintain and enhance people's level of independence, skills and abilities.. Consideration should be given to how activities are provided to people with complex communication support needs.

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)

## How good is our leadership?

### 3 - Adequate

Through this inspection we found that the service was performing at an adequate level.

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

Since the last inspection, the service had increased how often they carried out audits and checks within the home. Some however, had not been completed regularly. When improvements had been identified, there was not always information to show they had been acted on. This impacted on how effective the audits were.

Some audits appeared to be a 'tick box' audit tool. For example, the 'dining room experience' audit lacked strong information to confirm people's experiences and if they were receiving the correct level of support. **(See area for improvement 1)**

The home 'aims and objectives' and welcome brochure for people moving into the home, should be reviewed and updated to reflect the level of support people can expect when living in the home. **(See area for improvement 2)**

It was reassuring to find that the manager had a realistic awareness of the improvements still to be made to develop the service further and increase the experiences for people living in the home.

## Areas for improvement

1. The provider should make sure that when systems of quality assurance and audits are completed, they include the actions taken to address the identified improvement.

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)

2. The provider should make improvements to the service 'aims and objectives' and the 'welcome brochure' to make sure they provide current information on what people can expect when living in the home.

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)

### How good is our staff team?

### 3 - Adequate

Through this inspection we found that the service was performing at an adequate level.

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

Staff training opportunities had been limited over the past 12 months. There was a lack of regular updates for people in relation to areas such as protection of vulnerable adults and supporting people experiencing stress and distress. This limited staff's abilities in providing appropriate levels of support to people living in the home. **(See requirement 1)**

There was a lack of effective co-ordination and planning for staff training. There was no evidence that training had been planned in response to staff learning and development needs.

People should expect to have their needs met by the right number of staff. Our observations of staff practice, speaking with people living in the home, staff and review of staff rotas all showed that the home had adequate staffing numbers to meet people's needs. Staff had time to support and care for people in a relaxed manner and at a pace suitable for the person's needs and abilities.

Staff recruitment records would benefit from a more organised approach to make sure all records are accessible when required.

### Requirements

1. In order that staff have training appropriate to the work they are expected to perform, the provider must ensure by 31 December 2019, that there is an appropriate training plan in place for all levels of staff. This must be planned in response to staff learning and development needs.

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 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 (Requirements for Care Services) Regulations 2011.

### How good is our setting?

### 3 - Adequate

Through this inspection we found that the service was performing at an adequate level.

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

The domestic staff work hard to maintain a clean and tidy home environment.

There were drinks and snacks in both lounges for people to help themselves when they wished. We discussed with the manager how a small fridge would keep these items fresh throughout the day. The provider had agreed to the purchase of small fridges for this.

Maintenance and safety checks were being regularly completed. Repairs and improvements to the home environment and equipment had not been addressed promptly by the provider. Magnetic door openers for bedroom doors were found to be faulty in April 2019. These remained faulty at this inspection. This impacts negatively on people's experiences living in the home.

Not all safety checks had been completed regularly. For example, hot water temperature and window restrictor checks were last completed in March 2019. **(See requirement 1)**

The home was in the process of carrying out an audit of the home setting using the Kings Fund Audit Tool. This will support the service to make improvements to increase opportunities for people to maintain and enhance their daily living skills and independence. We will follow up on the outcomes from 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).

Appropriate storage of wheelchairs and tables would improve the lounge areas and make them more homely. The manager planned to make the necessary changes.

## 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 5.22) and in order 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.

## How well is our care and support planned?

### 3 - Adequate

Through this inspection we found that the service was performing at an adequate level.

People should expect that their personal plans (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.

The service had made improvements to people's support plan information, but further improvements were still required. People's support plans did not fully reflect their abilities, choices or level of support they required from staff. Support plans had not always been updated to reflect changes in people's support needs. This impacts on staff's abilities to make sure people have the correct level of support at all times. **(See requirement 1)**

Risk assessments were being completed regularly. Where a risk had been identified a plan of care was in place to guide staff on the person's support needs.

Support plans lacked person centred information on what people could do for themselves and the level of assistance they needed from staff. **(See area for improvement 1)**

Six monthly reviews of people's support plans were being carried out. The service should make sure that people, and their relatives' comments about the service being provided were documented.

## 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 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); '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.

## 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 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); '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.

**This requirement was made on 17 September 2018.**

## Action taken on previous requirement

Please see the information documented in Key Question 1 of this report for full details.

**Met - outwith timescales**

## Requirement 2

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.

**This requirement was made on 17 September 2018.**

## Action taken on previous requirement

Please see the information documented in Key Question 1 of this report for full details.

**Not met**

## Requirement 3

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.

**This requirement was made on 17 September 2018.**

## Action taken on previous requirement

Please see the information documented in Key Question 2 of this report for full details.

**Met - outwith timescales**

## Requirement 4

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); '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.

**This requirement was made on 17 September 2018.**

## Action taken on previous requirement

Please see the information documented in Key Question 3 of this report for full details.

**Met - outwith timescales**

## Requirement 5

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); '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.

**This requirement was made on 17 September 2018.**

## Action taken on previous requirement

Please see the information documented in Key Question 1 of this report for full 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 review and improve the home 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)

**This area for improvement was made on 14 December 2018.**

## Action taken since then

Please see the information documented in Key Question 4 of this report for further details

## 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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