

Ashgill Care Home Care Home Service

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Unannounced

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Service provided by:

Ashgill Care Home Limited

Service provider number:

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Service no:

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About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at www.careinspectorate.com

Ashgill Care Home was registered with the Care Inspectorate on 30 April 2013. The provider is Ashgill Care Home Limited.

The care home is in a residential area of Milton, Glasgow, and provides 24-hour care for a maximum of 60 older people. The service may support three named individuals under the age of 65. At the time of this inspection there were 48 people living in the home.

The home is purpose-built and all bedrooms are single bedrooms apart from two double bedrooms. All bedrooms are offered as single occupancy unless a person wishes to share with a relative/loved one.

There is a reception room, with a lounge area and dining room on each floor, bathrooms/shower rooms and toilets. There are no en-suite toilet/bathing facilities in any of the bedrooms. There are garden areas at the rear of the home which have been specifically designed for people living in the care home.

On the ground floor most people were living with dementia and on the first floor residents were mainly frail older people.

The service aims to provide flexible, individualised care within a safe and well-presented environment where the promotion of independence and choice is encouraged.

What people told us

Overall, the 15 people we spoke with and comments received from the completed care standards questionnaires were generally positive about the care and support people received. Comments included:

"Excellent staff team. Very happy. It is a lovely welcoming place."

"Staff really listen to me. Have no complaints at all as the staff are very helpful."

"Would rather be home but staff are nice."

"They keep you up to date. Always things to do, don't always like the food but no complaints."

"Met some nice people, we have a good time, made new friends."

"Staff are very kind."

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?	4 - Good
How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

We found that the service was performing to a good standard in supporting people's wellbeing.

People who use care services (residents), should be confident staff will treat them with kindness, compassion and respect. People told us that "staff are nice and listen to me". We saw that some residents benefited from staff empowering them by acknowledging their wishes and offering relevant support when taking part in activities.

Residents were positive about the staff who cared for them and told us that they felt safe. People told us that their wishes and preferences were used to shape the care and support that they wanted. This meant that residents felt warmth in how they were supported and reflected that staff knew them well. This created a friendly and relaxed atmosphere within the home.

How people spend their day is important. It is also important for people to have as active a life as they wish. We observed that people spent time doing things that they liked to do. Residents continued to highlight this as a positive part of living at Ashgill. They told us that there had been a greater range of activities offered as well as more opportunities to participate in activities in the community. This had helped people to stay connected and included regular visits from the local nursery where people experiencing care said that this had brightened up their days when the children visited. Care About Physical Activity (CAPA) had been introduced. This promoted best practice in relation to maintaining or improving people's movement and independence. Residents told us that they had enjoyed the exercise groups as 'staff made them fun'. This meant that people could be kept active. We saw that incidents of falls had reduced as people were encouraged to do more physical exercises.

People who use care services should feel confident treatment and interventions they experience are safe and effective. Residents were kept well through staff monitoring their health needs and being responsive in referring to external professionals when they detected changes. People were sure that their health needs were well supported. One relative said that this made it easier to go on holiday knowing that she would be informed quickly if health changes took place. Although we saw updated medication reviews in place, we found inconsistencies with some recordings for medication. (See area for improvement 1)

We saw that people experienced good mealtimes and people told us that they generally enjoyed the food and that there was always plenty to eat and drink. People also told us that there was access to snacks outwith the main kitchen hours. We noticed that staff gave encouragement to people who were reluctant to eat. This was done in a dignified and respectful manner. We also observed that people were left to eat at their own pace, and no one was rushed.

Areas for improvement

1. The provider should ensure that staff records of changes to any medications that have been made are detailed, with who instructed changes and the date when the change occurred. Consistent protocol guidance for 'as required' medications should also be clear.

This ensures that care and support is consistent with the Health and Social Care Standards which state: "Any treatment or intervention that I receive is safe and effective." (HSCS 1.24)

How good is our leadership?

4 - Good

We found that there was good leadership of this service.

People experiencing care commented positively about the management team. People who use care services should have confidence that those who support them use the professional codes of conduct with a clear process of ensuring all staff were registered with the appropriate governing organisations. Where staff practice was not in line with their policies or governing body codes, we saw the service took appropriate action to safeguard the welfare of those who lived in the home by referring staff as necessary to their governing organisation. This ensured that residents expected and had confidence that Ashgill was well led and managed. People experiencing care told us that the manager had been approachable and how effective their communication was in reassuring concerns they had held regarding health or staff changes.

Relatives and people experiencing care were supported to give regular feedback on how they found the service. We saw that residents had the opportunity to be involved in making decisions about living in the home and being kept up-to-date through regular newsletters, up-to-date notice boards and individual reviews. Relatives discussed how these systems gave them opportunities to share their views and said that they felt part of the service. This meant that people's opinions were heard. The manager had clear planned actions following this feedback. These had led to increased outings, more daily activities and increased connections with other local services.

To support good leadership and management, people who use care services should be confident that the organisation providing their care has adopted a culture of continuous improvement. This should be underpinned by robust quality assurance processes. The management team had used its quality assurance tools to help maintain the standards and quality of the service. This had included medication audits, care planning, training gaps and the environmental improvements. Where audits had identified gaps in practice, there were clearly defined action plans to address and resolve deficits. However, some audits could be more effectively used to share the improvement plan with people when identifying improvements. (See area for improvement 1)

Areas for improvement

1. Quality assurance processes should be centered around outcome focused audits. This should clearly demonstrate the action taken and how outcomes for people have improved as a result. To achieve this, the manager should:

- develop their improvement plan, which shows meaningful involvement from people using the service, relatives and staff.
- make the improvement plan available to people experiencing care, relatives and staff in easy to understand formats.

This ensures that 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 quality assurance processes." (HSCS 4.19)

How good is our staff team?

4 - Good

We found that the staff team was good at this service.

People should experience stability in their care and support from staff who know their needs, choices and wishes. It was good to see that less agency staff were being used, and people spoke about the positive impact that this had in relation to consistency.

People should have confidence that staff are well-trained. Staff attended a wide range of training that reflected the needs of the people that they supported. We were able to see the benefits of this in relation to staff skills and approaches to people. For example, when one person was distressed, a staff member approached and changed the topic to one that the person was interested in resulting in the person appearing content. Staff worked well together by offering reassurance to another resident who had appeared concerned by the raised voice.

People benefited by being supported by a motivated staff team which demonstrated genuine warmth when communicating. Relatives told us that this had helped to build strong relationships.

It is important that people who use this service have confidence in the staff who care and support them. We saw the level of supervision that staff had received including direct observations of practice. A group of relatives commented that they could see how well the staff used these skills to keep the service homely.

Where individuals had an assessed need, it was important that these were met by the right number of staff, at the right time. For example, we observed how staff had interacted with one resident living with dementia who could be repetitive with the one main concern. They alleged that items had been taken. All staff were seen to offer reassurance each time which helped the resident to briefly feel less anxious.

The service had identified champions for different areas and had responsibility to link with specialist services to get the latest trends and practices. They would then share the information with other staff in order to improve standards. This meant that people were supported in the best way that improved overall outcomes through a focus on what people could do.

People who use care should feel confident that staff are competent, skilled and reflect on their practice. People experiencing care and their relatives gave examples of the ways that the service had worked flexibly to respond to individual needs by changing what they had planned to do to offer reassurance and time with people where appropriate. This had enhanced positive outcomes for people by increased opportunities of being available when needed.

How good is our setting?

4 - Good

We found that the setting was good.

Care homes should promote independence, with people who use care services being provided with high quality environments. The service had worked hard to develop the environment throughout the home and had linked this to best practice provided within The King's Fund guidance. www.kingsfund.org.uk/projects/

Environments should be welcoming, relaxed and peaceful. We saw all communal lounges and dining areas had been painted. This had made these areas more inviting. Although, it was commented on by a relative that it could be quite odorous at times with the cleaning products used. During our inspection, we could still smell some odours and were told that it was the air fresheners used. (See area for improvement 1)

We saw that people experiencing care were able to access various locations throughout the home independently and had confidence that the environment enabled this. The service had considered how best to support people's outcomes in this regard and had placed wayfinding signage throughout to aid location of specific places, such as toilet facilities. This had supported people to move around the home easily. Residents were able to use an appropriate mix of private and communal areas.

For people living in care homes, it is a fundamental right that they have access to good quality, secure outside spaces. When discussing the garden areas with residents, they told us how they had used the garden in better weather and one resident talked about how much she had enjoyed sitting with the sun on her face. Within the improvement plan there were plans to develop greater accessibility in the garden area before the next summer.

The home was welcoming and secure with an appropriate entry system, and visitors' book for people to sign in and out. This promoted a safe environment for people and their visitors. Residents were encouraged to keep the links with their family and friends alive. Throughout the day, we saw visitors coming and going. Relatives told us they felt comfortable coming to visit their loved ones and that they were always made welcome and enjoyed spending time with their loved ones during planned events.

Residents told us that they were generally happy with the home's décor and the overall standards of furniture were better. We saw clean and well-furnished communal rooms. Residents had been able to personalise their bedrooms. Double rooms were used by one person with the additional space used as a sitting area for friends and relatives. Relatives commented that it was good to have conversations in private. The improvement plans included using this space to provide people with ensuite facilities in the double rooms to promote privacy and choice. Single rooms had no ensuite facilities. The planned second phase of improvement was to reduce rooms on each floor in order to have more space to develop en-suite facilities. (See area for improvement 2)

Areas for improvement

1. People living in the home should experience a high-quality environment without being exposed to unnecessary smells. The service provider should continue to explore products used, such as air fresheners, do not cause strong odours.

This ensures that care and support is consistent with the Health and Social Care Standards which state: "My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells." (HSCS 5.18)

2. The service provider should continue with their improvement plan to upgrade all double rooms with ensuite facilities. Plans to provide ensuite toilet and bathing facilities for all bedrooms should be shared with people and their representatives to show when and how improvements will be made.

This ensures that care and support is consistent with the Health and Social Care Standards which state: "As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people." (HSCS 5.28)

How well is our care and support planned?

4 - Good

We found that there was good personal planning in this service.

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support as well as details of personal interests and preferences.

People who use care services should be confident they will have a well-developed personal plan, which sets out how needs and wishes will be met. The service had worked to develop their personal plan format and were underpinned by completed assessments.

We found assessments had contained specific information to help support a consistent approach to care. This had informed staff of people's desired outcomes, and how these could be achieved. We saw effective involvement with people experiencing care and their relatives to produce support plans. This meant that people were supported in having their views heard and acted on. This included promoting independence and focussed on what was important to residents. Risk assessments were regularly re-evaluated and had accurately reflected the needs of people. We saw detailed life histories and one-page profiles. These gave a clear picture of the person's past and what mattered to them. It helped staff, and others who had an input in the person's care and support, to understand them better. However, support plans also needed to focus on the person's main area of support whether that be mobility, distressed behaviours and planning or end of life care.

Care reviews provided residents, families and staff the opportunity to meet and discuss the quality of care and support underpinned by the personal plan. We saw the service had ensured reviews occurred every six months. However, we found the outcomes and interventions throughout personal plans did not always provide evaluations that had measured how effective interventions were. The detail needed to be more person-centred in accessible formats that made sense to the resident. Reviews could have been better used to achieve people's goals including if this was the maintenance of their current quality of life with clear measurements of interventions in achieving agreed outcomes. (See area for improvement 1)

Areas for improvement

1. Care reviews should reflect outcomes being achieved as a result of the support and care being provided. This should be monitored as part of quality assurance included in the service improvement plan.

This ensures 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)

"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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area 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)

This area for improvement was made on 24 January 2019.

Action taken since then

Protocols in place and medication audits in place. Confirmed by records and manager and nurses' interviews.

Previous area for improvement 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)

This area for improvement was made on 24 January 2019.

Action taken since then

Staff interviews confirmed that induction/ongoing training has taken place. Based upon our findings, we were satisfied that this improvement was met.

Previous area for improvement 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)

This area for improvement was made on 24 January 2019.

Action taken since then

Paperwork sampled and staff interviews confirmed that everything had been actioned.

Previous area for improvement 4

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 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)

This area for improvement was made on 24 January 2019.

Action taken since then

The service records and the more effective use of quality audits. We found that based upon our findings we were satisfied that the area for improvement had been met.

Previous area for improvement 5

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)

This area for improvement was made on 24 January 2019.

Action taken since then

Since the manager has come into post there has been a discussion carried out with each staff member which has helped the service identify future training needs. Based upon our discussions with staff, records sampled, and resident/family comments received, we were confident that this area for improvement had been met.

Previous area for improvement 6

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 which state "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

This area for improvement was made on 24 January 2019.

Action taken since then

The management team had been expanded with greater clarity and delegation of roles. Based upon our findings, we concluded that the area for improvement was met.

Previous area for improvement 7

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. This part of the area of improvement has been met.

Support plans sampled were completed with information which enabled staff to support people, the detail within the care plans was not unique enough to guide staff to provide person centred support. All staff should ensure that care plans are person centred and ensure all required paperwork is in place.

This area for improvement was made on 24 January 2019.

Action taken since then

The management team had been expanded with greater clarity and delegation of roles. Based upon our findings, we concluded that the first two parts of this area for improvement have been met. The issue around support plans remains a work in progress and will be reviewed at the next inspection. This area for improvement is not met. See How well is our care and support planned? in this report.

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	5 - Very 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 good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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