

# Ashwood House Care Home Service

Leny Road  
Callander  
FK17 8AP

Telephone: 01877 330111

**Type of inspection:**

Unannounced

**Completed on:**

23 March 2020

**Service provided by:**

Mauricare Ascot Care Limited

**Service provider number:**

SP2012011882

**Service no:**

CS2012310158

## About the service we inspected

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.'

## How we inspected the service

This report was written following unannounced inspection visits on 17 and 20 February 2020 and 4 March 2020. We provided feedback on our findings to the quality assurance consultant who was supporting the service on 23 March 2020.

The focus for this inspection was the seven outstanding requirements and three areas for improvement made at our last inspection on 24 September 2019.

During the inspection evidence was gathered from a range of sources. We spoke to people living in the service, a relative who was visiting and staff. We observed staff practice when assisting and interacting with people. We looked at records for quality assurance, staff supervision, recruitment, training, adult protection and staffing numbers. We reviewed people's personal plans. We examined the maintenance and repairs records and looked at the environment and equipment.

## Taking the views of people using the service into account

People we spoke with during the inspection were mostly happy with the care and support they received. They appreciated staff and felt they tried their best. One person felt the staff were not fully supported by the provider. Their comments included:

"Nothing much happening. It would be good if someone looked at activities for me. I'm a bit bored"

"The staff are good people, but I think they feel they are hitting their heads against a brick wall (in trying to get resources from the provider). I think the staff have given up trying. One thing that really annoys me is that there is never any stock. If something breaks you have to wait a while"

"Not enough staff, a lot of sickness"

"The home has gone downhill over the past two years"

"Everything is fine"

"We are well looked after"

"I couldn't say a word against the staff, I admire them very much"

"This is a great wee place. The food is good. I've no complaints"

"It's ok. Staff are fine. Not much going on. Food is ok".

## Taking carers' views into account

We spoke with a relative who was visiting during the inspection. They were satisfied with the level of care and support their relative received at the home and commented "The care home is alright".

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

### Previous requirements

#### Requirement 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.

**This requirement was made on 24 September 2019.**

#### Action taken on previous requirement

We observed staff practice in relation to enabling people, supporting their independence and providing meaningful activities. Progress in these areas remains limited.

The service had recruited two activity co-ordinators, but they had not yet started in the home. At present meaningful activities remain quite basic. They were not linked to people's choices, preferences or abilities. There was a lack of thought about supporting people to maintain their daily living skills and routines. Work was still required to promote a meaningful approach to enablement and supporting people's independence.

Support plans did not show a well co-ordinated approach to end of life care. Anticipatory care plans were not always in place, or a palliative care support plan. Staff training on end of life care was being planned. This will be followed up at the next inspection.

Further work was required in relation to pain management. This was particularly important for those people who were not able to say when they were in pain. There was a lack of awareness and recognition from staff on how pain can impact on people's behaviour and communication.

Position charts were used when people could not move or adjust their position themselves. These showed how often staff assisted people to move position for comfort and pressure relief. These charts were being appropriately completed on a regular basis.

Some people were having their fluid intake monitored to make sure they had enough fluid throughout the day. The fluid charts were not always fully completed by staff. Most had not been filled in after 5.00pm. There was no information to show what staff should do or had done if the person had not taken adequate fluids for the day. This makes it difficult to make sure people are getting a suitable level of fluids each day.

**Not met**

## Requirement 2

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

**This requirement was made on 24 September 2019.**

### Action taken on previous requirement

The service now had an external quality assurance consultant supporting them. There was a stronger focus on checking and reviewing how the service supports people. Audits and reviews of practice were being carried out. Areas for improvement were being identified and action plans put in place to show how the improvements would be made. Further work was required in providing evidence to show that the improvements had been made.

The service continued to show weak practice in relation to managing people's money appropriately. The records were not fully completed or accurate.

**Not met**

## Requirement 3

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

**This requirement was made on 24 September 2019.**

## Action taken on previous requirement

We reviewed the records for accidents and incidents, protection of people, falls and notifications to the Care Inspectorate.

Accident and incident reports were being reviewed by the manager daily. Weekly falls reports were completed to identify any obvious risks or concerns.

The service had participated in an improvement session provided by the Care Inspectorate Improvement Team. The service were putting a plan in place to progress the learning from this.

Training for staff in relation to the protection of vulnerable adults was still to be carried out.

Although some actions had been taken in relation to this requirement, the outcomes of the actions were yet to be evidenced.

## Not met

### Requirement 4

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.

**This requirement was made on 24 September 2019.**

## Action taken on previous requirement

The service had recently recruited a new manager who was just about to start at the time of this inspection. The current manager was moving into a new post developing the nursing staff from this home and a sister home in the same area. This should provide increased guidance and support to nursing staff.

Additional nursing staff had been recruited but had not yet started in the home. Recruitment of further nursing staff was on-going.

Nursing shifts were being co-ordinated across both this home and the sister home to make sure there was adequate nursing staff cover over the two homes. This was being done as a temporary measure until sufficient nursing staff had been recruited and started in the home.

Actions were being taken by the provider to make sure staffing numbers and skill mix were adequate to meet people's needs, but the outcomes of these were not yet evident within the service.

This requirement had not been met.

## Not met

## Requirement 5

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.

**This requirement was made on 24 September 2019.**

### Action taken on previous requirement

The quality assurance consultant had worked with the service to improve on their staff recruitment procedures. The recruitment policy had been reviewed and updated to include good practice guidance.

A new staff induction programme was in place which included observations and review of staff practice.

The recruitment procedures were audited as part of the service quality assurance systems to make sure the updated policy and procedures were being followed.

Staff training was being improved. A training matrix had been recently developed taking staff learning and development needs into account. We will follow up on the outcomes of this at the next inspection.

The service was using agency staff to cover shifts when needed. All appropriate checks had been followed to make sure the agency workers were suitable to work in the service.

**Met - outwith timescales**

## Requirement 6

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.

**This requirement was made on 24 September 2019.**

### Action taken on previous requirement

Cleaning staff work hard to make sure the home is clean, tidy and has a fresh atmosphere.

Maintenance, servicing and repair agreements were now in place for the environment and equipment. A maintenance person had been recruited for day to day repairs and minor maintenance work.

Cleaning schedules were in place and audited as part of the quality assurance systems.

It was disappointing to find that repairs and maintenance were not completed within a reasonable timescale. Some minor areas were taking a long time to be attended to. The provider showed a lack of value for people's home environment.

Faulty or broken equipment had not been repaired promptly. For example, an aid to support people to stand safely had been broken for over a week. This put people's safety at an increased risk.

The home had no functioning washing machine at the time of the inspection. Although this was rectified before we gave feedback, we had significant concerns around the way the service was managing this. We have passed these concerns to the local Environmental Health and the Health & Safety Executive for information and guidance.

## Not met

### Requirement 7

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.

**This requirement was made on 24 September 2019.**

### Action taken on previous requirement

It is vital that people's support plans provide appropriate information and guidance for staff on the person's choices, abilities and level of support they require from staff.

Further work is required to make sure the support plans record people's preferences about their care and support, what they can do for themselves and the assistance they need from staff.

Support plans lacked information to show people's independence and choices were encouraged and supported.

When people required support from staff, care plans were not always in place to provide guidance.

Support plans lacked a person centred approach to support people taking their views and wishes into account.

A stronger level of guidance and information was required around anticipatory care plans, palliative and end of life support plans.

## 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 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)

**This area for improvement was made on 24 September 2019.**

#### Action taken since then

This area for improvement was yet to be fully addressed. It is an important part of supporting staff in their roles that they are provided with regular, supportive and appropriate supervision and appraisal sessions.

This area for improvement had not been met.

#### Previous area for improvement 2

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)

**This area for improvement was made on 24 September 2019.**

#### Action taken since then

Some roof coverings were in place, but these did not fully cover the roof windows. They were not adjustable which restricted them being adjusted to take account of changing natural light levels. We were unable to confirm at this inspection if these were effective. We will review this area for improvement again at the next inspection.

This area for improvement had not been met.

#### Previous area for improvement 3

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)



This area for improvement was made on 24 September 2019.

## Action taken since then

There had been little progress with this area for improvement. The service acknowledged that the information in people's personal plans lacked a person centred approach. This will be followed up again at the next inspection.

This area for improvement had not been met.

## 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).

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