

Ashford House Care Home Service

7 Claremont Drive
Bridge of Allan
Stirling
FK9 4EE

Telephone: 01786 833950

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Drumpark Care Limited

Service provider number:
SP2012011881

Service no:
CS2012310157

About the service

Ashford House is situated in the town of Bridge of Allan and is registered to provide care for up to 24 people. Sixteen people were resident when we visited.

A traditionally built Victorian property with two storey accommodation the home offers a communal lounge and dining area. There is one double bedroom which offers accommodation if required for a couple, the remaining number are single rooms. Some rooms have en-suite toilets and hand wash facilities and this is an area that the provider should improve upon. A chair lift provides access to the first floor, there is no lift. There are communal bathrooms available on both floors.

The grounds would benefit from further improvements and the garden space could be further adapted to allow greater use.

The home is situated in a residential setting just out of the main town. The town centre has a good range of cafes, shops and food stores with parking nearby.

The service states that:

'The aim of Ashford House is to provide a home for people who use the service and as such will provide a high standard of care to meet the physical and emotional needs of all the people. This will be done with dignity and privacy at all times and involves the people who use the service with decisions about daily living'.

This service registered with the Care Inspectorate on 3 October 2012.

What people told us

The views of people using the service were not formally gathered during this focused inspection visit. Over the course of the inspection visit we observed that people were relaxed and comfortable in their home. Staff interactions were respectful and displayed warmth, people responded positively to staff interactions and assistance. There were no relatives spoken with at this visit.

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

We carried out an initial unannounced inspection visit of Ashford House on 12 June 2020. This was a focused inspection to evaluate how well people were being supported during the Covid-19 Inspection. We evaluated the service based on key areas that are vital to the support and well-being of people experiencing care during a pandemic.

As a result of that visit, we issued the service with a serious concern letter detailing key areas that required urgent improvements. On 15 June, we found considerable improvements were made and required improvements were met.

On 22 July and 1 October, we completed two further visits to the home to be assured that improvements were sustained and to monitor further developments we required to be made. Continued improvements have been seen and sustained development in the service evident.

People experience care and support with compassion and kindness. Staff engaged with people in meaningful conversation and interaction. Staff know the people they support well and we observed a relaxed and friendly atmosphere in the home. There is good communication between the service and families. People are routinely and actively supported to stay connected using technology reducing the potential impact of visiting restrictions during the pandemic.

Improved links are established for support and advice from health and social work colleagues. This meant that appropriate escalation of any concerns to health professionals could be made so that people received the right treatment at the right time.

The home was welcoming, clean and well maintained and improved enhanced cleaning schedules were in place. People benefited from staff who had improved understanding in infection, prevention and control. We re-evaluated how well infection, prevention and control practices support a safe environment for people experiencing care and staff. We concluded that this Quality Indicator (7.2) improved from weak to adequate and that the requirements made in relation to cleaning and maintenance of the home had been met.

Staff training had progressed and staff were motivated to improve their knowledge and understanding. This will help them to provide care and support that is right for people. We concluded that this Quality Indicator (7.3) improved from weak to adequate. Further improvements were needed to fully meet the requirements made to ensure that people are receiving care and support that meets their needs and, that they can have confidence that staff are trained, competent and skilled.

Important and sustained improvements have been made at Ashford House which were having a positive impact upon the people experiencing care and the staff team who support them. The service has been evaluated as providing adequate care and support during the Covid 19 pandemic. Strengths identified outweigh weaknesses.

Leaders in the service were responsive to feedback and were using their learning to improve the service for those living and working at Ashford House. Quality assurance processes had improved and plans were in place to drive change and improvement where necessary. We are assured that there will be continued development and improvement across the service.

We have evidence that the key questions 'How good is our leadership?' and 'How good is our setting?' previously assessed as weak at our inspection visit in November 2019 are now adequate. We have re-graded these key question to reflect our evaluation of the service.

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

Requirements

Requirement 1

By 13 July 2020, the service must have systems in place to ensure that the needs of people are regularly assessed, monitored, and met. This must include:

- ensuring that people's personal plans records all risk, health, welfare, and safety needs
- ensuring that regular monitoring and audits of records are undertaken.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS 1.15) 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', and in order to comply with Regulation 4(1)(a) - requirement for the health and welfare of service users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

This requirement was made on 12 June 2020.

Action taken on previous requirement

We found the information in people's care plans was person-centred and showed respect for people's rights, choices, and dignity. Detailed life story information had been developed and this helped people maintain their sense of identity and self-esteem.

We noted increased involvement from health care professionals in people's care which meant people's changing needs were being addressed. For example, contact with dietitians was made when people had lost weight and recommendations made were put into practice. This evidenced that staff were more confident and responsive to changes in people's care and support needs which resulted in improvements for individual's health and well-being.

Whilst we identified some improvements in people's personal care plans, further development is required to ensure people's needs are regularly assessed, monitored, and met. This includes ensuring people are involved in developing and reviewing their personal plans so they can make choices and decisions about the care they wish to receive.

Assessments were carried out across the range of people's needs, but the findings did not provide information about how the assessments were carried out or how the conclusions were reached. This would make identifying changes to people's needs in future assessments difficult. The provider should ensure assessments are carried out on a regular basis and provide adequate information about people's abilities and support needs. One care plan we read detailed what support an individual needed and what they could do for themselves. This example of good practice should be built upon to ensure people are encouraged to maintain their existing skills and abilities and receive support where it is required.

We found that there was a lack of information about people's medical conditions in their personal plans. For example, people had been diagnosed with epilepsy, but there was no record of the types of seizures they experienced. This meant seizure activity experienced by people could go unnoticed. Information about people's mental health problems was inconsistent and confusing. Where risks were identified, for example, people who were living with dementia leaving the home, the risks were not assessed or addressed. This could affect the level and type of care people receive and put their health, safety, and wellbeing at risk.

We have agreed with the provider to extend the timescale and expect this to be met by no later than 15 January 2021.

Not met

Requirement 2

By 13 July 2020, as part of the service's COVID-19 contingency planning they must ensure that each person they support has a summary of needs care plan available. This is to protect the health and wellbeing of people experiencing care if workers unfamiliar with the service are needed to cover for any potential absences related to COVID-19.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS 4.14) which state that 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event', and in order to comply with Regulation 4.(1) A provider must: (a) make proper provision for the health, welfare and safety of service users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

And,

4.(2) A provider of a care home service must make such arrangements as are necessary for the provision to service users of adequate services from any health care professional of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

This requirement was made on 12 June 2020.

Action taken on previous requirement

The service had made good progress and all people experiencing care had a Covid 19 plan. These plans are important in protecting the health and wellbeing of people experiencing care if workers unfamiliar with the service are needed to cover for any potential absences.

The plans we reviewed did not consistently provide sufficient information to ensure people received consistent care and support in the event of staff shortages during the pandemic.

Further guidance was provided to the service to ensure that the plans summarised peoples key health needs and what matters to them. Improvements have since been made to the template of the plan and we will review how peoples care needs are summarised at our next visit. People should be confident that their plans are constantly evaluated and kept up to date and this should be a focus of the service moving forward.

People had been supported to complete anticipatory care plans. This meant people could be assured that their palliative and end of life care wishes would be met.

We have agreed with the provider to extend the timescale and expect this to be met by no later than 15 January 2021.

Not met

Requirement 3

By 13 July 2020, to ensure that people experiencing care are appropriately protected, the service must have in place an enhanced cleaning schedule that follows the up-to-date guidance on infection prevention and control from Health Protection Scotland, Public Health Scotland and the Scottish Government. They must also begin regular infection control audits to ensure that the cleaning schedule and all infection control procedures are being carried out appropriately.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS 5.17 and HSCS 5.22) which state that 'My environment is secure and safe', 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment and in order to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

This requirement was made on 12 June 2020.

Action taken on previous requirement

We found that communal areas were clean and homely in appearance. Staff were respectful of people's rooms and furnishings which reflected their wishes and choices. The housekeeper was dedicated and knowledgeable and used a communication book to record work they had undertaken and tasks to be followed up, this was detailed and meant that staff had a clear understanding of what was required of them.

From documents sampled, we saw that the wider staff team were reminded of their responsibilities for cleaning and tidying up daily. Individuals were aware of their responsibility for keeping the home clean, fresh and in reducing the risk of infection.

We noted that cleaning schedules and records had been enhanced since our last visit.

For example, a process was in place for the checking and cleaning of mattresses and the linen room was better organised. These changes supported facilitated improved cleaning which reduced the risk of infection. We were pleased with the level of detail in the cleaning records which evidenced improved infection control practices to support a safe environment for both people experiencing care and staff.

A new member of housekeeping staff had been recruited and the management are to review the work patterns of the housekeeping team to ensure the standard of cleanliness can be maintained across a seven-day period.

Management confirmed that a deep clean of the home had happened. Due to the age of the building, a planned programme of refurbishment and maintenance should continue to facilitate effective cleaning and a quality environment for those residents. This requirement was met.

We have evidence that the key question 'How good is our setting?' previously assessed as weak at our visit in November 2019 is now adequate. We have re-graded the key question to reflect our evaluation of the service.

Met - outwith timescales

Requirement 4

By 13 July 2020, people being cared for should feel confident that staff are trained, competent and skilled, particularly in the areas of infection prevention and control procedures. The service must ensure that all staff employed in the care home receive training appropriate to the duties they are to perform.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS 3.14) which state that 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes', and in order to comply with Regulation 4.(1) A provider must (a) make proper provision for the health, welfare and safety of residents of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

This requirement was made on 12 June 2020.

Action taken on previous requirement

Observations and staff discussion evidenced an increased understanding of infection, prevention and control practices. We observed staff following guidelines while carrying out their duties including the appropriate use of PPE and respectfully supporting people to wash their hands before meals, which helped safeguard people's health and wellbeing during the COVID-19 pandemic.

Since our last visit, the provider had arranged a new online training system to support staff with their learning and development and this included infection prevention and control. This was combined with a more in-depth learning course which staff were committed to completing.

In addition, training and information sessions for staff were being organised by an infection prevention and control nurse. We expect that staff's knowledge and awareness in this area will improve further once these sessions are completed which will assist them in supporting people in safer ways.

We have reviewed this requirement and informed the provider that it is not met. It will now be combined with requirement 7 in this report.

Not met

Requirement 5

By 13 July 2020, the service must ensure that there are quality assurance systems in place to ensure that the home is providing a safe and effective service to residents.

To achieve this, the provider should undertake the following:

- review and develop current COVID-19 monitoring systems across the home
- ensure that current auditing systems are used effectively to drive up standards and improve service quality.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS 4.19) which state that 'Residents should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' and in order to comply with Regulation (4) (a), welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

This requirement was made on 12 June 2020.

Action taken on previous requirement

We found that the service had introduced some monitoring and quality assurance systems that ensured people received a safe and effective service. This included daily meetings attended by care staff, maintenance, housekeeping, and kitchen staff. Staff were updated with relevant information about COVID-19 and infection prevention and control. Staff were also alerted to people's changing needs. For example, staff were reminded to ensure people had access to drinks throughout the day and that people were encouraged to drink regularly to ensure their health and wellbeing.

Daily 'Walk Round' and Covid-19 audits were being carried out. We found the audits were comprehensive and evidenced action taken to improve standards of care and safety. Information about incidents and accidents were collated and areas for improvement were identified and, where possible, addressed. These processes are necessary to support continuous improvement in ensuring the health, safety, and wellbeing of residents.

However, we identified significant gaps in the service's quality assurance and auditing systems. Health monitoring records including fluid balance charts and repositioning charts, were not being reviewed. We noted that on some days a person had not drunk enough fluids, but this had not been identified or addressed. This could put people's health and wellbeing at risk.

The service should continue to develop their quality assurance systems to ensure areas for improvement can be identified and addressed across all key systems and processes in the home.

We have agreed with the provider to extend the timescale and expect this to be met by no later than 15 January 2021.

Not met

Requirement 6

In order to ensure the safety and protection of people living in the service, the provider must put in place effective Adult Support and Protection procedures by 31 January 2020. This includes a system for identifying, actioning and reviewing lessons learned to improve practice.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.2).

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 20 November 2019.

Action taken on previous requirement

We found several staff had recently undertaken adult support and protection training. Whilst training evaluation sheets had been completed by staff who attended the training, the comments did not evidence an in-depth understanding of their learning or how this would be applied in practice.

The service must support staff to put learning into practice to ensure people living in the home are safeguarded. This will support the service in identifying, actioning and reviewing lessons learned to improve practice.

We have agreed with the provider to extend the timescale and expect this to be met by no later than 15 January 2021.

Not met

Requirement 7

In order to ensure that staff receive training appropriate to the work they are to perform, the provider must ensure by 28 February 2020, that an appropriate staff training programme is developed, implemented and reviewed to ensure it is effective in meeting staff learning needs. The provider must evidence that staff are competent and skilled, including in the areas of infection prevention and control procedures.

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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14) and in order to comply with Regulations 15(a) Staffing and 4(a) Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 20 November 2019.

Action taken on previous requirement

It was positive that the service included the wider staff team including housekeeping and maintenance in training sessions. We spoke with staff about their learning and how this helped them to support people and keep them safe. For example, the recent adult support and protection training that staff had recently completed. Whilst the care team described their greater understanding of types of harm and the process for reporting concerns, we found that more consideration could go into how training needs are evaluated, recorded and planned for.

At our visit, it was difficult to see what training staff had completed or required that was appropriate to their role and peoples specific health needs. Since our visit, the service has provided updated staff training schedules and plans which give a better overview. Further guidance was provided and we will evaluate

training plans and how staffs competence is evaluated at our next visit. More support of staff's knowledge and practice is required. Such steps will help people to stay well and safe.

We have agreed with the provider to extend the timescale and expect this to be met by no later than 15 January 2021.

Not met

Requirement 8

In order to ensure that people's care and support meets their needs and is right for them, the provider must ensure by 31 January 2020, that there are adequate numbers and skill mix of staff 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), 'People have time to support and care for me and to speak to me' (HSCS 3.16), 'I am confident people respond promptly, including when I ask for help' (HSCS 3.17) and in order to comply with Regulations 15(a) Staffing and 4(a) Welfare of Users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 20 November 2019.

Action taken on previous requirement

Staffing numbers were sufficient on the day of our visit to meet the needs of the 16 people living in the care home and a system was in place to ensure that people in their rooms had their needs met. We observed staff regularly visiting people to provide care, company and to support individuals to eat and drink. People's privacy and personal preferences were respected.

We were concerned that there was not an adequate number of senior staff within the home. Dedicated individuals had worked additional hours to improve the service but this is not sustainable longer term. The provider is required to review the skill mix of the staff team to ensure that the right number of competent senior carers are available to manage key responsibilities. The provider must also ensure that the new management team have the necessary time to lead on improvement and assure the quality of the care provided to people resident at Ashford House.

We have agreed with the provider to extend the timescale and expect this to be met by no later than 15 January 2021.

Not met

Requirement 9

In order to ensure that the home environment is safe, well maintained and suitable for people's needs, the provider must put in place an effective system of maintenance and repairs for equipment and the environment by 28 February 2020.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

It is also necessary to comply with Regulations 10 (Fitness of premises) 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 20 November 2019.

Action taken on previous requirement

The service had a dedicated maintenance worker and we saw an improved system was in place for daily, weekly and monthly maintenance checks and repairs. External contracts were in place to meet more specialised maintenance needs such as plumbing and electrical work. This meant that the home environment was well-maintained and safe for people's use. We discussed with the management team ways that the system for maintenance could be further enhanced and we will look for continued progress when we visit the service in the future. This requirement was met.

We have evidence that the key question 'How good is our setting?' previously assessed as weak at our visit in November 2019 is now adequate. We have re-graded the key question to reflect our evaluation of the service.

Met - outwith timescales

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 opportunities people have to engage in enablement activities to maintain their daily living skills and abilities.

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 20 November 2019.

Action taken since then

Staff know people well and are knowledgeable about their interests, routines, and preferences. COVID-19 has changed the opportunities available to people but the home has adapted where possible to ensure people can continue with activities that they enjoy. For example, live music has happened outdoors and a subscription to online music service trialled. The activities lead described to us the pleasure of playing scrabble with a resident (who always wins) and quiet time spent reading correspondence to individuals. These moments are important to people as they support people's sense of identity and well-being.

To improve the opportunities people have to maintain their interests and abilities, people's life stories are being collated. We saw a very good example of a pictorial life history; this provided an excellent overview of that person and what mattered to them in a format that worked for them. We will review the progress of the life histories at our next visit.

Overall, we found that consideration should be given to improving staff's awareness of promoting people's independence and their daily living skills and abilities. This will support the health and well-being, independence, and overall quality of life for people resident.

We discussed with the management the promotion of the Health and Social Care Standards (My support, my life) Scottish Government 2018.

Reference is also made to the Care Inspectorate resources 'Care About Physical Activity' (CAPA) and 'Enriched Model of Psychological Needs'.

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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