

Ashlea House Care Home Service

Bracklinn Road
Callander
FK17 8EH

Telephone: 01877 330325

Type of inspection:
Unannounced

Completed on:
17 February 2021

Service provided by:
Mauricare Ascot Care Limited

Service provider number:
SP2012011882

Service no:
CS2012310159

About the service

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. At the time of the inspection, 15 people were living in the home.

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.'

This was a focused follow-up inspection to evaluate how the service has responded to the requirements made at the previous inspection during the COVID-19 pandemic.

This inspection was carried out by two inspectors from the Care Inspectorate.

What people told us

We spoke with people using the service during the inspection. People told us they were happy living in Ashlea House and felt well cared for. People told us they had good relationships with staff who were kind and caring.

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?	2 - Weak
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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?

2 - Weak

This inspection was carried out to follow up on previous requirements. We found the requirements were not met and evidence that people were experiencing poor outcomes. Therefore, we made additional requirements and areas for improvement. We also amended the grades related to the safeguarding of people's health and wellbeing and staffing arrangements.

Requirements

1. The provider must, by 31 March 2021, ensure that people's day to day activities are meaningful and activities are provided for all people living in the home. This should include activities to maintain and enhance people's level of independence, skills, and abilities.

This is in order 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); and

In order to comply with Regulations 4 - Welfare of service users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

2. The provider must, by 31 March 2021, ensure people are safe and receive care and support that meets their needs. The provider must make sure that systems of quality assurance and audits are consistently completed, and include the actions taken to address the identified improvement and an evaluation of progress made.

This is in order to ensure that the 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 systems.' (HSCS 4.19); and

In order to comply with Regulation 4 - Welfare of service users, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Areas for improvement

1. To enable staff to meet the needs of people experiencing stress and distress and people with learning disabilities, staff should undertake additional, supplementary training in dementia to ensure they have access to current best practice guidance.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

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

Requirements

Requirement 1

In order that people's care and support can be provided in a person-centred and consistent manner during the COVID-19 pandemic, detailed summary care plans must be in place by 13 August 2020. This must include anticipatory care plans detailing people's palliative and end-of-life choices and wishes. Personal plans must also outline how people's health, welfare and safety needs are to be met. Evidence that people have been involved in developing the plan must also be included.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: '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 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 16 July 2020.

Action taken on previous requirement

Personal plans did not reflect people's current care and support needs. Some care plans were written in 2019 and whilst brief updates were added, it was difficult to find this information. This meant people might not receive support that met their needs and be at risk of harm, ill health or injury. Care plans did not provide sufficient guidance for staff. For example, a resident was at very high risk of pressure sores but guidance did not direct how often the resident should be supported with positional changes to reduce the risk of developing sores.

Residents' needs were not always accurately assessed or addressed. For example, a resident's communication was said to be compromised due to their learning disability, but action was not taken to meet this need. Stress and distress experienced by people living with dementia was not identified or addressed. This meant people were at risk of social, emotional and psychological harm and consequently, experienced poor outcomes.

Significant risks to residents were not identified or addressed. Care plans were not in place so this meant staff did not have the information and guidance they required to keep people safe. Staff we spoke with were unaware of eating and drinking guidelines provided by the speech and language therapist for a resident who was at risk of choking. The resident was being supported contrary to professional advice.

Assessments of people's needs were recorded in tick boxes. We could not establish how conclusions were reached or changes to people's needs were measured as rationale was not recorded. We were not confident people's needs were accurately assessed or met.

Residents had summary care plans but these did not provide information about people's care and support needs that would enable unfamiliar staff to provide person-centred, consistent support. Anticipatory care

plans were in place for most residents but recording of people's palliative and end of life care wishes and choices remained very brief.

People's personal plans did not provide the up to date detailed information and guidance required to ensure they received person-centred and consistent support. As a result of the concerns identified, we have served an Improvement Notice to the provider who must make improvements by 19 March 2021.

Not met

Requirement 2

In order that staff have training appropriate to the work they are expected to perform, the provider must ensure, by 13 August 2020, staff have undertaken training in moving and handling, infection prevention and control in relation to COVID-19 and fire safety. The service must ensure an appropriate training plan is in place for all levels of staff which considers people's care and support needs and mandatory training.

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 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.

This requirement was made on 16 July 2020.

Action taken on previous requirement

The majority of staff had undertaken training in moving and handling, infection prevention and control related to COVID-19 and fire safety. This meant the health, safety and welfare of people in relation to these areas had improved.

An eLearning platform had been introduced by the provider and this provided access to a suite of online learning resources including epilepsy awareness and health and safety. Staff told us they knew which courses were prioritised for completion.

Training records were up to date and copies of staff training certificates were retained in the service training folder.

Whilst training was undertaken by staff, there were no systems to check their understanding and compliance with Health Protection Scotland guidance. On-line dementia training was not in line with current best practice and did not provide staff with the knowledge and skills required to identify and relieve the stress and distressed reactions displayed by residents. We have identified this as an area for improvement.

Met - outwith timescales

Requirement 3

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.

This requirement was made on 23 October 2019.

Action taken on previous requirement

The majority of residents were prescribed medication for pain which was to be given on an "as required" basis.

Pain management care plans were not developed to provide guidance about possible causes of pain, how people expressed pain or interventions to manage pain without medication. Assessment tools were not used to identify if people experienced pain or its severity. Nurses we spoke with had limited knowledge of pain assessment tools and were not familiar with tools appropriate for use with people living with advanced dementia or other cognitive impairments. Consequently, people risked experiencing on-going, unresolved pain. This had a detrimental impact on people's dignity and quality of life and led to poor outcomes.

We noted that most people received "as required" medication on a very regular basis. The provider should ensure medication reviews take place to ensure prescribed medication continues to meet people's needs.

We found effective pain management procedures were not in place. As a result of the concerns identified, we have served an Improvement Notice to the provider who must make improvements by 19 March 2021.

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 assess staffing levels on an ongoing basis in order that meaningful activities can be provided for all people living in the home. This should include activities to maintain and enhance people's level of independence, skills, and abilities.

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

This area for improvement was made on 16 July 2020.

Action taken since then

Staffing levels had increased but there was no planned or structured time for staff to spend engaging with people. Staff supported people with activities including dominoes and manicures when they had time during their shift.

Some people in the home were living with advanced dementia or learning disabilities and were not able to participate in group activities or complex tasks. There were no systems in place to assess whether activities offered were suitable, failure free or meaningful for people. People's communication needs were not identified and alternative methods of communication were not used. Several residents stayed in their bedrooms. We could not assess people's experiences as records of the content, times and outcomes of meaningful activities were not kept. Resident feedback about the activities was not gathered, therefore, we could not be confident people were suitably stimulated by the activities and interactions offered by staff.

People were at risk of social isolation and staff were not aware of the detrimental physical, emotional and psychological impact this presented (see requirement 1).

Previous area for improvement 2

The provider should make sure that systems of quality assurance and audits are consistently completed, and include the actions taken to address the identified improvement and an evaluation of progress made.

This is to ensure that the 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 systems.' (HSCS 4.19)

This area for improvement was made on 16 September 2020.

Action taken since then

Quality assurance processes and audits were not being completed consistently and we noted no audits had been carried out in 2021. Audit documentation was in a tick box format and information about observations and findings was not recorded. Audits did not identify areas for improvement or action taken to address these. Monthly audits of residents' care and support were not fully completed and queries were not followed up. This meant we could not be confident about people's health, safety and wellbeing or the quality of the care they were receiving.

Staff had undertaken training in infection prevention and control related to COVID-19. This included safe use of PPE and hand hygiene but no systems were in place to check staffs' understanding or compliance with best practice guidance. We were not certain that infection prevention and control practices were robust (see requirement 2).

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?	2 - Weak
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	2 - Weak
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	2 - Weak

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