

## Ashford House Care Home Service

7 Claremont Drive  
Bridge of Allan  
Stirling  
FK9 4EE

Telephone: 01786 833950

**Type of inspection:**  
Unannounced

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**Service provided by:**  
Drumpark Care Limited

**Service provider number:**  
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**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. Twenty one 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 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

People told us they were happy with the support they received and said they enjoyed living in the home. People said staff were kind and they felt well looked after.

## 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 noted improvements in personal plans since the last inspection. Personal plans were well organised and this made it easy to find information.

People's personal plans were person-centred and demonstrated warmth, respect and compassion. Plans we sampled demonstrated that staff knew people well, including how people liked to dress and their likes and dislikes. People were encouraged to do as much as they could for themselves and staff supported people to make choices and decisions in their daily lives. This helped people maintain their dignity and sense of identity.

Accessible communication support tools and strategies were not always available for people. The provider should ensure referrals are made to relevant professionals so people living with dementia and cognitive impairments are enabled to communicate their needs and wishes as fully as possible.

People's needs were assessed on a regular basis and this informed the care and support they received. The assessments were in a tick box format and staff did not record how they reached their conclusions. This would make it difficult to carry out accurate reviews of people's needs in future.

We concluded that personal plans were of an adequate standard. Further improvements were needed to ensure people's communication needs are met. Additional detail about how people prefer their care and support to be delivered would improve consistency and people's experiences.

#### Met - outwith timescales

### 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 provider had reviewed the summary care plans since the previous inspection and we found they provided a brief summary of people's care and support needs. Information provided about people's lives, likes and preferences would enable unfamiliar staff to quickly build a rapport and put people at their ease. This would help people feel safe and secure.

The summary care plans signposted staff to the appropriate section of the personal plan if additional information was required regarding, for example, moving and handling risk assessments. This meant staff could access information quickly and easily. We were satisfied that the summary care plans provided sufficient information to ensure unfamiliar staff could provide consistent support for people.

## Met - outwith timescales

### Requirement 3

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

All staff had undertaken training in infection prevention and control in relation to COVID-19. This included kitchen and housekeeping staff. We found staff were knowledgeable and confident about infection prevention and control procedures and were aware of Health Protection Scotland guidance.

Observations of effective hand hygiene were carried out regularly by the manager and followed-up when areas for improvement were identified. This ensured staff complied with infection prevention and control guidelines. The manager told us they were carrying out observations of staff putting on and removing PPE. However, the observations were not recorded so we could not be confident that areas for improvement were identified or addressed.

A training plan was developed which provided details of the training required for each role in the care home. A suite of on-line learning resources was available for staff with additional practical training in moving and handling provided by in-house instructors.

## Met - outwith timescales

**Requirement 4**

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**

A range of quality assurance audits were carried out in the home. Daily walkaround and COVID-19 audits were completed and identified areas for improvement including the cleanliness of the environment, repairs and maintenance. Action plans addressed areas for improvement. A mealtime audit identified that people waited too long for their meals. The issue was addressed by the manager and waiting times reduced. This intervention led to better outcomes and experiences for people.

Observations of effective hand hygiene were carried out regularly by the manager and followed-up when areas for improvement were identified. This ensured staff complied with infection prevention and control guidelines. The manager told us they were carrying out observations of staff putting on and removing PPE. However, the observations were not recorded so we could not be confident that areas for improvement were identified or addressed.

Medication audits identified that on occasion people's medication had run out. This meant people did not get the medication they were prescribed. This put people's health and wellbeing at risk. Missing medication was identified in monthly audits but there were no systems in place to check medication stocks on a daily basis. Therefore, there was a risk that medication could run out.

Information was collated regarding the number of incidents and accidents but reports were not analysed to identify patterns or trend and no action was taken to reduce the risk of similar incidents recurring. This demonstrated a lack of understanding of the purpose of quality assurance systems.

We concluded that quality assurance required further development to provide an overview of all key systems and processes in the home. This should include feedback about the service from residents and other stakeholders and staff information such as supervision and training. Staff should also undertake training in quality assurance to enhance their understanding and improve outcomes for people living in the home.

**Not met**

## Requirement 5

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

Staff had undertaken adult support and protection training. Staff's understanding and learning was discussed in individual supervision meetings with the manager. Reflective accounts had also been written by staff which demonstrated their awareness of their responsibilities.

Adult support and protection concerns were identified, recorded and reported appropriately, but opportunities to analyse information and reduce the likelihood of similar incidents recurring, for example, falls, were not taken. Adult support and protection should remain an agenda item at staff supervisions and meetings to maintain staff's awareness, knowledge and understanding and to ensure people living in the home are protected from the risk of harm.

**Met - outwith timescales**

## Requirement 6

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

A training plan was developed which provided details of the training required for each role in the care home. A suite of on-line learning resources was available for staff with additional practical training in moving and handling provided by in-house instructors. Staff were advised which courses should be prioritised for completion. On-line courses required staff to complete an end of course questionnaire to evidence their understanding. The training plan was not reviewed to ensure that it continued to meet staff's learning needs or people's changing care and support needs.

There were no systems in place to monitor or evaluate staff's ability to transfer learning into practice. Recordings in people's daily notes demonstrated a lack of understanding and ability to respond to stress and distress experienced by people living with dementia. We were not confident that staff had an appropriate awareness or understanding of adults with incapacity legislation and how this should inform their practice. This put the health, safety and welfare of people at risk.

The training programme must be further developed to ensure it equips staff with the skills and knowledge to meet people's needs. Systems should be developed and implemented to evidence staff's competence. Training must be supplemented, in particular, regarding supporting people experiencing stress and distress and adults with incapacity legislation, to provide staff with up to date best practice information and guidance to ensure people experience good outcomes.

### Not met

## Requirement 7

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

The number of staff required to meet people's care and support needs was calculated on a weekly basis. The tool did not take into account people's social or emotional needs or the number of people who chose to stay in their rooms. An activities coordinator provided support with activities and spent time with people in their rooms. Records demonstrated that there was sometimes insufficient time to provide support to everyone.

Staffing levels during the inspection were adequate and additional staff had recently joined the team from a sister home in the group. Additional staff should be used to improve access to meaningful activities for people.

We noted the number of senior care staff in the home had increased. This provided additional experience and support for the manager and staff and improved outcomes for people living in the home.

### Met - outwith timescales

## 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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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