

Ashdene House Care Home Service

Strathearn Terrace
CRIEFF
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Telephone: 01764 653 585

Type of inspection:
Unannounced

Completed on:
23 January 2026

Service provided by:
Ashdene Management Services Ltd

Service provider number:
SP2003002107

Service no:
CS2003009744

About the service

Ashdene House is owned by Ashdene Management Services Ltd and is located in the rural town of Crieff, Perthshire. It is registered to provide care for a maximum of 17 older people.

The home is surrounded by pleasant enclosed gardens for residents to enjoy the outdoors. There is a programme of improvements taking place within the home, which will see further development of private and public area facilities.

Ashdene House was introducing the 'Montessori approach' to care and support. The philosophy states that 'those living at Ashdene can be confident that they will be enabled to be as independent as possible; have a meaningful place within the community; have the opportunity to make meaningful contributions to their community; have a high self-esteem. This ethos will enable people to get the most out of life by encouraging and supporting them to be involved in their own care and activities, thus helping them to maintain their cognitive and physical abilities'.

About the inspection

This was an unannounced inspection which took place on 12 and 13 January 2026, between the hours of 0920 and 1645. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- discussed care practice and support provided with people and their relatives, and staff members
- spoke with five people using the service
- spoke with two family members/representatives of people using the service
- spoke with six staff and management
- received feedback through care standards questionnaires from one person using the service, five relatives of people using the service, eleven staff members, and one external professional
- observed care practice and daily life
- reviewed documents.

People appreciated the efforts that staff and management made to communicate with them and were positive about the standard of care and support.

Key messages

- A stable group of staff knew people well and treated them with dignity and respect.
- The service used the Montessori approach to care and support, which encourages recognition of people's skills and abilities, and aims to promote independence and participation in personal interests.
- Staff were recruited in accordance with safer recruitment practice, and they received regular training and supervision from their line managers.
- The leadership team recognised the importance of ensuring that there is an ongoing programme of redecoration and renovation to ensure that the environment is pleasant and kept in good condition.
- Care plans were person-centred and provided good information about how to approach people's care and support. The documents were reviewed regularly with involvement of people and those close to them.
- Further development of care plans would help better identify people's goals and aspirations; their future wishes; and, who they wanted to visit when there was an outbreak of infection.
- Further development of processes for oversight and recording of people's changing health needs has been identified in area for improvement 1 under key question 1: 'How well do we support people's wellbeing?'
- An area for improvement relating to the audit of medication has not been fully met. This has been restated as detailed in area for improvement 2 under key question 1: 'How well do we support people's wellbeing?'
- An area for improvement has been made regarding development of the laundry room to ensure that it is clean and tidy, and decorated with surfaces that are suitable for effective cleaning. This is detailed in area for improvement 1 under key question 4: 'How good is our setting?'

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 staff team?	4 - Good
How good is our setting?	3 - Adequate
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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A stable group of staff knew people well and treated them with dignity and respect. People could therefore feel reassured and comfortable in their environment. We heard that "everyone is very caring and approachable" and "it feels like a family when I visit".

The service used the Montessori approach to care and support, which encourages recognition of people's skills and abilities, and aims to promote independence and participation in personal interests. Routines were individualised and there was clear signage to orientate people and help them move around the premises. People wore name badges to help them remember names and recognise others.

Activities were available on an individual and group basis, and these were evidenced on notice boards and in care plans. A comprehensive activities folder had been introduced to demonstrate the various events that had taken place over the past year.

An activities coordinator was employed to lead development of events and activities, mainly during weekdays. At other times, care staff were encouraged to promote activities, which were generally introduced as a matter of routine, along with ongoing attention to people's direct care needs.

Access to a 'Motability' car helped with organisation of outings and attendance at external events. The importance of time outside the service, and the need for physical exercise to improve and maintain people's mobility, was recognised by the leadership team and staff members.

We saw evidence of people being helped to improve and maintain their daily living skills through encouragement to attend to personal care, set dining room tables, fold linen, and involvement with the 'sandwich gang', where people helped prepare food. There were two 'resident' cats and people had access to various items for comfort. People were encouraged to keep hold of personal possessions, including handbags. It was clear that they derived benefit from these, which helped reduce the incidence of stress and distress, and meant that people could experience a calmer and more relaxed life.

People's healthcare needs were supported by a variety of external health and social care professionals. The involvement of these professionals was identified in care plans; however, more information to assist with oversight of people's healthcare needs should be developed to include clinical reviews on matters such as weight management and pressure wounds. Improved use of recognised tools to monitor people's weight and skin integrity was discussed with the leadership team who planned to take early action. An area for improvement has been made in respect of this, see area for improvement 1.

People needed assistance with administration of medication and staff were trained to do this. Training included observation of medication administration by senior staff. Regular audits were in place to help ensure that medication was given in accordance with prescribed instructions; however, we noted some areas where improvements could be made. This included closer attention to medication counts, 'as required' medication protocols, and covert medication pathways where people needed medicines disguised to help them take the required treatment. These matters were discussed with the leadership team who planned to

take appropriate action. An area for improvement has been made in respect of this, see area for improvement 2.

Areas for improvement

1. The service provider should ensure that processes for oversight and recording of people's changing health needs are further developed and made effective. This is to ensure that people's health and wellbeing is subject to well-informed review and that appropriate treatment and support is put in place. Staff should have easy access to information relating to the effectiveness of treatment and support concerning people's healthcare, including monitoring of people's weight and wound care management.

This is 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 because people have the necessary information and resources' (4.27).

2.

The service provider should ensure that the recording and administration of medication is monitored and audited to minimise errors and ensure that records are accurate and complete.

This is to ensure that 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 processes' (HSCS 4.19).

This area for improvement was first made on 9 February 2022. The part of the original area for improvement, relating to observation of staff medication practice, has been assessed as having been met at this inspection. However, the part relating to monitoring and audit of medication recording and administration needed further improvement. This part has been restated.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager and deputy manager covered Ashdene House and the nearby Ashdene Court. They were supported by two principals and several senior care partners. It was positive to note that the staff team had become more stable and that additional hours had recently been introduced to cover a previous lack of housekeeping at weekends.

Staffing arrangements were guided by the 'IoRN' dependency assessment tool; however, this was not supported by evidence of personal judgement around staff numbers and deployment. The leadership team agreed to add professional judgement and the views of people and staff to the dependency assessment tool. This would provide a wider assessment of staffing and would better reflect guidance related to the Health and Care (Staffing) (Scotland) Act 2019.

Staff had access to online and face-to-face training related to their roles and responsibilities. This included the Montessori approach to care and support, moving and handling, infection prevention and control, dementia awareness, falls management, stress and distress, nutrition, communication, continence care, and adult support and protection. Plans were in place for in-house training related to strength and balance, and palliative care.

Staff received regular supervision and appraisal from their line managers. Monthly staff meetings were also held. The provision of regular staff meetings, supervision and training is important in ensuring that staff are supported and have the necessary knowledge and skills to deliver high quality care.

Pre-employment checks were carried out in accordance with safer recruitment practice. Following appointment, audits were maintained around professional body registration and training needs. This gave assurances that staff were fit to be employed and practice within the boundaries of their professional roles.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service was situated in an old residential building, which had been adapted for people needing 24-hour care and support. People could choose to spend time in various communal areas or in their own rooms, and a lift provided access to the upper floor. A pleasant garden area had been set out with a gravel base that had been designed to reduce the risk of slips and trips.

There was evidence of the Montessori approach being implemented with good use of colours and signs to help people find their way around the building. This was supported by use of the King's Fund Environmental Assessment Tool, which helps identify environmental improvements for people living with dementia.

The service had updated its infection prevention and control cleaning schedule to reflect current good practice. This was supported by a dedicated housekeeper. We noted that housekeeping hours did not extend to weekends; however, the service had recently introduced additional care staff hours to help cover this. People told us that this was making a positive difference. We will review this at future inspections to check that improvements have been maintained.

The leadership team recognised the importance of ensuring that there is an ongoing programme of redecoration and renovation to ensure that the environment is pleasant and kept in good condition. Appropriate maintenance checks were in place with external professionals used for specialist work. At the time of inspection, the upper floor bathroom was being refitted.

We noted that the laundry room needed to be tidied and renovated to ensure that it could be easily cleaned and met expected infection prevention and control standards. It was positive to note that immediate action was taken to tidy the laundry; however, more extensive work was needed. An area for improvement has been made in respect of this, see area for improvement 1.

The laundry developments were identified as an area for improvement, rather than a requirement, due to the service's immediate response to cleaning and tidying the laundry, and commitment to make further improvements. This will be reviewed at the next inspection.

Additional issues were raised regarding the storage of items in ensuite shower rooms, which the service acted on during the inspection.

Areas for improvement

1. The service provider should make improvements to the laundry room to ensure that it is clean and tidy, and decorated with surfaces that are suitable for effective cleaning and maintenance of infection prevention

and control standards.

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

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Care plans were person-centred and provided good information about how to approach people's care and support. The documents were reviewed regularly by care home staff with involvement of people and those close to them. Annual social work reviews also took place.

Where people did not have the ability to make decisions about their care and/or finances, appropriate legal frameworks were in place. This helped ensure that people's rights and preferences were respected.

People and their families/representatives told us that there was good communication and that they were involved in planning and reviewing care. We received comments such as "[I] get regular communication...either telephone calls or emails"; "[Staff] are very approachable...They listen" and "I attend reviews, usually every 6 months".

We noted that there could be more detail in care plans around people's goals and aspirations, and that information about contact with loved ones during outbreaks of infection should better reflect 'Anne's Law'. Future and end-of-life care plans could also be more proactive in identifying people's wishes and preferences. This would help staff quickly adapt and tailor people's care to meet their needs and preferences at the appropriate time. Discussion with the leadership team indicated that these matters were either in hand or would be acted on. These will be reviewed at future inspections.

Further development of processes for oversight and recording of people's changing health needs is identified in area for improvement 1 under key question 1: 'How well do we support people's wellbeing?'

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 service should ensure that the recording and administration of medication is monitored and audited to minimise errors and ensure that records are accurate and complete. Staff should have practice observed, at regular intervals, to assist in this process.

This is to ensure that 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 processes' (HSCS 4.19)

This area for improvement was made on 9 February 2022 and restated at the last inspection on 18 January 2024.

This area for improvement was made on 9 February 2022.

Action taken since then

This area for improvement has not been fully met. We noted that observation of staff medication administration practice had been put in place; however, processes related to monitoring and audit of medication recording and administration still needed to improve. This was discussed with the leadership team who accepted our findings and planned to take appropriate action.

This area for improvement was first made on 9 February 2022. The part of the original area for improvement, relating to observation of staff medication practice, has been assessed as having been met at this inspection. However, the part relating to monitoring and audit of medication recording and administration needed further improvement. This has been restated as detailed in area for improvement 2 under key question 1: 'How well do we support people's wellbeing?'

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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