

Care service inspection report

Full inspection

Ashford House Care Home Service

7 Claremont Drive
Bridge of Allan
Stirling



HAPPY TO TRANSLATE

Service provided by: Mauricare (Drumpark) Limited

Service provider number: SP2012011881

Care service number: CS2012310157

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	3	Adequate
Quality of environment	4	Good
Quality of staffing	3	Adequate
Quality of management and leadership	4	Good

What the service does well

There is a consistent staff team within Ashford House and the manager and staff knew people living in the home and their relatives well. People told us that they were happy with the care provided. The home was clean, with a relaxed atmosphere and is set in very pleasant surroundings. The manager and staff remain motivated and committed to ongoing development and to providing a comfortable home with good standards of care.

What the service could do better

We have shared with the home managers, the area manager, the providers of the service and the local authority the detail of the areas that require on-going development and improvement. Some of these developments were relevant across the Mauricare Group and some more specifically in each care home. The providers and management team acknowledged this and demonstrated a commitment to the people within Ashford House and those people who would go on to choose it as their home.

Recommendations and requirements specific to Ashford House are reported on under the relevant Quality Themes and Statements.

What the service has done since the last inspection

Developments since the last inspection are reported on under the relevant themes and statements.

Conclusion

People, staff and relatives taking part in this inspection understood the difficulties the service had faced over the past two-three years and generally spoke positively about life and the progress made in Ashford House.

We could evidence that the new manager had a good overview of the service and was progressing some of the areas for development identified at the previous inspection. However, there are concerns around the structure, support and resources available to both the home manager and the area manager which need to be addressed. Across the three care homes provided by Mauricare, we identified common areas for development.

Formal complaints have been made to the Care Inspectorate about standards at Ashford House since the last inspection. Information in relation to all care services is available on our website at www.careinspectorate.com. This includes inspection reports, a record of upheld complaints and the requirements / recommendations made.

1 About the service we inspected

Ashford House Care Home is situated in the town of Bridge of Allan and is registered to provide care for up to 23 older people. At the time of the inspection 23 people were residing in the home. Some of the people we met were in for short breaks.

The building is a traditionally built property with two storey accommodation. The accommodation offers a traditional lounge and dining area with period features and single rooms; some have en-suite toilets and hand wash facilities. There is one double bedroom which offers accommodation if required for a couple. A chair lift provides access to the first floor. There are communal bathrooms available for people's use on both floors.

Ashford House is part Mauricare (Drumpark) Limited. Mauricare were registered as providers of the care home in October 2012.

The service aims are as follows:

'To provide a comfortable care home in pleasant surroundings enjoying a relaxed, happy and friendly atmosphere. The aim of Ashford House is to provide a home for the resident and as such will provide a high standard of care to meet the physical and emotional needs of all residents. This will be done with dignity and privacy at all times, and involves residents with decisions about daily living'.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 3 - Adequate

Quality of environment - Grade 4 - Good

Quality of staffing - Grade 3 - Adequate

Quality of management and leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

When we plan how we will inspect a service we review the intelligence we hold about the service.

This will include:

- The self-assessment we ask the service to complete where they evaluate how they are performing.
- The 'Annual Return' we ask the service to complete where they provide information about the needs of their service users and detail their staff team.
- Notifications the service provides to us informing us of events that impact upon the service.
- Any complaints the Care Inspectorate has received.
- Recommendations and Requirements made through Inspection or Complaints.
- The risk assessment we complete.
- Previous Inspection reports and Grades awarded.

This information informs the intensity of the inspection.

Two inspectors have visited the three care homes provided by Mauricare Ltd within a two week period. Two of the homes are in Callander (Ashwood House and Ashlea House) with Ashford House in Bridge of Allan. All visits were unannounced. On this occasion, we had informed the area manager that this approach would be taken to support the overall development of the company. Some informal feedback was provided throughout the inspection visits, with formal feedback to the home managers, area manager, provider and the local authority on June 29 2015.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and return to us.

During the inspection of Ashford House we:

- Met with visiting relatives.
- Spoke with several people and asked about their experience of living in the home.
- Observed staff's practice throughout our inspection.

Used the Short Observational Framework for Inspection (SOFI 2) to directly observe the meal time experience and outcomes for people who were less able to tell us their views.

We then met with several members of the staff team including:

- The registered manager.
- The area manager.
- The Laundry assistant.
- The Cook.
- One of the domestic staff team.
- Senior Health Care Assistants.
- Health Care Assistants.

We sampled evidence from sources including:

- Care Standard Questionnaires.
- Relevant sections of procedures/records/documents.
- The service's most recent self-assessment and annual return.
- A sample of three personal care plans.
- Minutes from several meetings.
- Information from staff training records and staff's files.
- Accident and Incident records.
- Compliments and comments records.
- Information on Quality Assurance systems.

We also spent time looking at the equipment and the environment (for example is it clean, is it set out well, is it easy to access by people using wheelchairs, are people able to use garden areas and access fresh air?).

All of the above information was taken into account during the inspection process and was reported on.

For the purpose of this report, when we refer to 'people' this is the people who have chosen Ashford House as their home. The term 'relatives' is used to refer to carers/families who provided feedback on the service.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Services undertake a self assessment before an inspection. The self assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators.

The inspector reviews this before inspection and reviews some of the evidence that the provider says they have to evidence their performance.

The Care Inspectorate received a fully completed self assessment document from the service.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. We identified some ways that this assessment could be more meaningful and have discussed the self assessment process with the providers.

Taking the views of people using the care service into account

During this inspection, we spoke with people directly and observed the way that staff interacted with people and offered care and support. People's comments and our general observations are included in the body of the report.

We also asked the service to distribute 10 Care Standard Questionnaires to a sample of people using the service. We received three completed questionnaires.

-100% of respondents agreed that overall they were happy with the quality of care.

Other findings were:

-100% agreed that staff treated them politely at all times.

-100% of respondents stated there were enough trained and skilled staff on duty.

-100% of respondents stated that they were confident that the service was meeting their healthcare.

Taking carers' views into account

We met with relatives whilst in the home and we also asked the service to distribute 15 Care Standard Questionnaires to a sample of relatives/carers involved with the service. We received four completed questionnaires. The four respondents stated that, overall they were happy with the quality of care their relative received at the home.

Other findings were:

-100% of respondents stated that their relative had a named member of staff who co-ordinated all aspects of their care.

-100% of respondents stated that the key worker makes sure that their relatives are aware of the choices and options available in their care.

-75% of respondents stated that their relatives/friend's personal property and clothing are clearly marked and properly cared for, and not used by others.

-100% of respondents stated that there are frequent social events, entertainment and activities that their relative can join in with.

-100% of respondents stated that they were confident that staff will meet relatives' health care needs including arranging to see health care professionals.

-100% of respondents stated that staff know what medication their relative needs to take, and ensure that records are accurate.

Written comments from the Care Standards Questionnaires and people we met are included in the body of the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

Service strengths

Services undertake a self-assessment before an inspection. The service evaluated their performance under this quality statement as 'good'. We verified information contained within the service's self assessment and we assessed how the service involved and responded to people using and involved in the service. We concluded that Ashford House had maintained the grade awarded at the last inspection and was performing at a good level in relation to this statement.

We expect providers to understand how their service impacts upon the people who use them. We expect providers to be able to demonstrate that they know the views and feelings of those who are using and involved in their services. Providers should be able to demonstrate how they use this knowledge and understanding to continually improve their service.

To assess how the service does this we:

- Sampled some documents made available to us.
- Met with several people living in the home and some relatives.

- Met with a cross section of the staff team.
- Reviewed the Care Standard Questionnaires returned to us by people living in Ashford House, relatives and staff.

There was evidence the service had some methods in place to invite comment from people using and involved in the service on the quality of care and support they received. Throughout the inspection we found that staff were responsive to people's individual needs and offered choices around daily routines including food and snack preferences and what time people liked to get up out of bed.

When we observed people's mealtime experience, we saw that people were offered visual meal choices which enabled people to see and smell the food available, this is good practice and supports people to make meaningful choices in everyday life. It was positive to see that this practice was now a routine part of people's mealtime experience. We also noted that the cook was involved in the dining room when meals were served and asked people about their opinion on the menu and the quality of the meals.

1-1 meetings held between staff and people living in the home continued to be the main way for people to give their views on the quality of the care and support provided. Twenty people had participated in these meetings during May. Overall, people gave positive feedback on life in Ashford House. People commented about the individualised care and support provided by staff, the quality of the meals and the fact that their visitors were always made most welcome. Comments included 'at first I felt a bit nervous, but I feel completely safe now'.

People had a 'key worker' which made it easier for them and their families to identify someone they could talk to about any concerns, suggestion or ideas. This information was clearly displayed in each individual's room, although not everyone we spoke with knew their key worker. Through the questionnaires returned to us relatives stated this worked well. Relatives told us that they felt well informed of changes in their relatives' care and support needs.

Relatives had different ways that they could feedback on the quality of the service provided. The manager promoted an 'open door' policy and also offered regular manager's surgeries as a way to invite feedback. A 'family forum' held in May had been attended by four relatives. Minutes were displayed in the entrance hall and the areas discussed included planned refurbishment of the building, staff training and plans to hold an 'open day'. We could see that relatives felt comfortable to make suggestions at the forum, at the time of our inspection, these suggestions had not yet been taken forward.

When we looked at a sample of files we found that most people's care reviews were up-to-date. We were pleased to find that these were detailed and demonstrated how people living in the home and their relatives were central to the discussion around how staff met their care and support needs.

Ashford House continued to contact relatives by means such as letters/ telephone/e-mail to provide information on individual people, planned social events, family forums and also to arrange dates suitable to attend formal care reviews. Relatives had been asked to complete a questionnaire in 2015; at the time of our visit no returns had been received.

Areas for improvement

The service found that some people had difficulty answering the 1-1 questions with their key worker and were unable to give their opinion on the overall service. This was confirmed through records we examined, meetings with people in the home and the staff team.

The local authority acknowledged that not all people within the home had regular social work reviews as required, this is very important to people particularly within six weeks of choosing a new home, we were informed that this will be re-assessed by the local authority.

As reported on at previous inspections, we would recommend that the service develop the methods used to give people and their relatives the opportunity to participate in assessing and improving the quality of care and support provided by the service.

Meaningful participation should be actively pursued as it is very important that people and relatives have a 'voice' within the home and have confidence that their views are listened to and acted upon. The home should use their participation strategy as a framework to develop this area. Outcomes for people in the home and their relatives should be clearly evident. (Please see Recommendation 1 below).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Recommendation with reference to Theme 1, Statement 1:

We expect that services support people to regularly communicate their views and opinions using a variety of methods to meet the communication needs of individuals. Services should regularly seek views and feedback from those using services and their relatives/carers, using methods appropriate to individuals' needs.

The management team should use good practice guidance, for example, 'Beyond Life Histories' (www.helensandersonassociates.co.uk/media/86863/beyondlifehistories.pdf) to inform practice around promoting the involvement of people who have dementia in assessing and improving all aspects of the home. Importantly, services should evidence that this feedback has informed decisions about the service, care provision or development.

Reference is made to: National Care Standard 8 - Care Homes for Older People - Making Choices.

Statement 3

“We ensure that service users' health and wellbeing needs are met.”

Service strengths

Services undertake a self assessment before an inspection. The service evaluated their performance under this quality statement as 'adequate'. We verified some information contained within the service's self assessment and considered progress made in relation to the areas for development identified at the last inspection visits. We concluded that Ashford House had maintained the grade awarded at the last inspection and was performing at an adequate level in relation to this statement.

To assess this statement we:

- Spoke with people in their home, their relatives and a cross section of the staff team.
- Observed how staff supported and engaged with people.
- Assessed the standard of people's personal appearance.
- Considered how people's care needs were assessed and evaluated and what the outcomes were.
- Assessed documents available to us (including care plans, daily recording notes, risk assessments, and records of care reviews).
- Considered the progress made in relation to the areas for development identified during previous inspections and through recently complaints upheld.

People who were able to give their opinion on life in Ashford House were positive and told us that they enjoyed the environment, the activities, the food and got on well with staff. We observed that people less able to tell us about the home were mostly relaxed and comfortable and staff had a good understanding of how best to support those individuals.

We asked the service to distribute 10 Care Standard Questionnaires to a sample of people using its service. We received three completed questionnaires. 100% of respondents agreed that overall they were happy with the quality of care.

Other findings were:

- 100% agreed that their privacy was respected by other residents and staff.
- 100% agreed that the service was meeting their healthcare needs.
- 100% said staff treated them politely at all times.
- 100% agreed that they felt safe and secure in their care home.
- 100% agreed that staff had the skills and knowledge to support them.
- 67% of respondents knew how to raise a concern or complaint within the home.

People had no concerns about how their personal care needs were supported. We could see the benefits of people being supported by staff who knew them well. This view was supported by relatives who provided feedback. People living in the home commented:

'The care here is good, you only need to ask her something and it is done.'

We found that the home had good contacts and supports from local GP's and health professionals. Relatives' and staff feedback confirmed that advice and guidance was sought in response to concerns. A record of visits and communication with health professionals was maintained. These support networks further supported the staff team in meeting the health and wellbeing needs of those within the home.

Over lunch time we went on to use the Short Observational Framework for Inspection (SOFI 2) to directly observe the meal time experience and outcomes for people who were less able to tell us their views. Visual meal choices were available for people to look at which enabled people to see and smell the food available, this is good practice and supports people with some cognitive impairment to make meaningful choices.

We found that staff managed the mealtime preparation and dining experience in a positive manner. Staff were respectful in their approach and involved people throughout the meal in making choices. We saw that people ate well and commented positively on the quality of the food.

The staff we observed knew people's dietary needs and preferences and worked well together to make meal times a pleasant and meaningful experience for people.

When we considered how staff reviewed people's nutritional needs and monitored progress, we could see that there were some systems in place to monitor people's eating and drinking and their weight. We assessed how staff supported people who were spending time in their own rooms. We saw that named staff were scheduled to support people and that people were visited regularly.

During our visit, we saw that people's care needs (including eating and drinking), were timeously met and mostly well recorded. This should mean that relatives could easily see how individual's needs were being met and how well they were eating and drinking. This is a good example of monitoring and responding to individual's care needs. We noted that people who were alone in their rooms had their call systems close by and understood how to summon help outwith staff's regular checks.

Areas for improvement

We have reported on the strengths of individuals being offered visual meal choices which enabled people to see and smell the food available. We observed that there was a delay of around 10 minutes before people were served their chosen meal. This could be confusing or distressing for some people and we have advised that the service reviews this practice.

Prior to people choosing a care service, all parties (including the care service) must be confident that the individual's care and support needs can be effectively met. At the last inspection, we considered the pre-admission assessment the service completed and concluded the assessment was quite basic. During this inspection, we could see that a new pre-admission assessment was in use however, it had not been fully completed. This means the service may not be fully aware of people's needs and whether they can be met. The recommendation made at the last inspection remains. (Please see Recommendation 1 below).

We have previously advised that the service review the structure and content of care plans, with a view to streamlining the content so that the information can be readily identified. This will assist not only the reader (individual/relative/visiting professional) but also staff who are entering the information.

New care plans were being introduced across the care homes we visited. However, we continued to see some examples where the evaluation of individual people's care had either not happened or required to be further developed and more effectively recorded. We expect that when there is a change in people's needs, that the review of the care plan clearly identifies what has changed for that individual. When we looked at plans for people whose care needs had changed we found that some plans were inconsistent and often contained conflicting information. We considered the requirement made at the last inspection and concluded most aspects of this had not been met. This requirement has been reviewed and includes aspects of requirements made through the Care Inspectorate's complaints process. (Please see Requirement 1 below).

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. Requirement with reference to Theme 1, Statement 3:

(a) The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the Provider must put in place a system to ensure that personal care plans:

- State individuals specific health needs and associated risks.
- Quickly identify the priority needs of an individual when they move into a care home.
- Record under what circumstances, relatives/friends are to be contacted if key events take place for an individual.
- Provide clear and accurate information and guidance for staff on how to meet the identified needs and risks.
- Evidence that assessment tools are used effectively and accurately to identify individuals' needs and are updated regularly and as individuals' circumstances change. This must include falls risk assessments.
- Are reviewed regularly and updated to include changes as a result of a planned care review or when there is a change in an individuals' needs.
- Contain clear assessment and evaluation information regarding individuals' needs and planned interventions by staff to meet these needs.
- Ensure people's manual handling needs are clearly identified through assessment tools, risk assessment and care planning.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210:

Regulation 3 - Regarding the principles of the Act

Regulation 4 (1) (a) - Welfare of users.

Timescale: At weeks 6 and 12 from receipt of the draft report, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This requirement should be met within 16 weeks of receipt of the draft report.

Recommendations

Number of recommendations - 1

1. Recommendation with reference to Theme 1, Statement 3:

We expect that care services fully assess the needs of people considering their service and then individually tailor care and support needs to meet the health, social, cultural and faith needs of every individual receiving care and support. The care and support plan should outline this from the point of initial assessment and this should be regularly reviewed. This should include information which is received from hospitals or any other sources.

In making this recommendation, the following National Care Standards were taken into account:

National care Standards - Care Homes for Older people

- Standard 5 - Management and Staffing
- Standard 7 - Moving In
- Standard 8 - Making choices.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 2

"We make sure that the environment is safe and service users are protected."

Service strengths

Services undertake a self assessment before an inspection. The service evaluated their performance under this quality statement as 'good'. We verified some information contained within the service's self assessment and considered progress made in relation to the areas for development identified at the last inspection visits. We concluded that Ashford House had maintained the grade awarded at the last inspection and was performing at a good level in relation to this statement.

To assess this statement we:

- Assessed the documents made available to us.
- Observed staff practice.
- Assessed the general environment (considering how people were kept safe).
- Had discussions with the people, relatives and the staff we met.
- Considered the feedback from the Care Standard Questionnaires.

The home has a locked entry system and a key pad system was in place to ensure people could not leave the building without staff's knowledge. A signing in/out book recorded visitors to the service. These measures ensured that unauthorised people did not enter the home and that people were accounted for in case of fire alarms/concerns.

People's safety was also maintained by systems including the use of equipment to monitor safety and risk of falls, such as pressure mats. Corridors and circulation areas were clear of hazards and a record of accidents and incidents maintained.

We could evidence that people who were identified at risk of falls had sensor equipment in place however, in 'areas for improvement' we have reported on improvements that will be required to ensure the system can meet people's future needs.

Maintenance contracts and agreements were in place. We could evidence that moving and transferring equipment, including bath hoists was maintained and checked on a regular basis. Staff were confident in the resources and equipment available for their use and confirmed that they received ongoing health and safety training that covered a range of topics including fire safety, food hygiene and infection control.

A range of policy documents remains in place to support staff practice and promote safety. Staff confirmed they had a general awareness of the policies and had ready access to them. Staff meetings were often used to update staff on policy and procedure changes and staff had to evidence that they were aware of changes.

Personal Protective Equipment (PPE) such as disposable gloves, wipes, aprons, soap and hand towels were available and used appropriately by staff. This helped reduce risk of infection.

We were pleased to see that staff were available to supervise communal areas throughout this inspection and people and staff confirmed that this is usual practice. Overall, these measures help ensure people are safe and comfortable living in their home.

Areas for improvement

Specialised equipment to meet people's assessed needs and promote their safety had been provided. However, the 'call system' in the home is older and is not compatible with some new sensors and alarms. We made the provider aware of this and expect to be informed of plans to ensure a system fit for future purpose will be in place.

During the formal feedback meeting we discussed the support and management of ancillary staff including the maintenance staff team. We could evidence throughout our inspections of the three care homes, some areas of maintenance work that required to be more effectively managed. This included garden areas that were unsafe for people's use. We expect this to be a focus of Mauricare's ongoing improvements.

We do not regulate fire safety. Local fire and rescue services have this responsibility. We are informed when fire services visit care homes and make recommendations. The manager told us that processes were in place to address the recommendations made at a recent fire inspection.

Some of the areas for improvement identified under Theme 3, staff training are of relevance to this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service strengths

Services undertake a self assessment before an inspection. The service evaluated their performance under this quality statement as 'good'. We verified some information contained within the service's self assessment and considered progress made in relation to the areas for development identified at the last inspection visits. We concluded that Ashford House had maintained the grade awarded at the last inspection and was performing at a good level in relation to this statement.

To assess this statement we:

- Met with people living in the home and considered relatives' feedback.
- Considered the general environment.
- Examined relevant documents.
- Observed staff practice.

During our inspection of the overall environment, we saw that the premises were clean, free from odours and comfortable. The main communal areas were attractively decorated to emphasise the character of the rooms. The building is unique with many period features, including a grand staircase and is set in a beautiful location.

People living in the home (and their relatives through questionnaires) confirmed that they can have their own personal belongings and items of furniture in their room if they want. Some bedrooms were individualised with photographs and items of furniture that reflected individuals' personal choices and interests. It is worth noting that we only went in to individual's rooms when they were present and we were invited to do so.

The provision of activities has been identified as essential to maintaining the health and wellbeing of people. During our inspection, staff supported people in the communal lounges at all times and some activities were happening.

Records and people confirmed that Ashford House continued to arrange for external activity and entertainment on a regular basis, including music and reminiscence groups. Most people we met, felt that overall the quality and quantity of activities were good. Through questionnaires 100% of people living in the home and their relatives told us that there were 'frequent social events, entertainment and activities organised that people can join in if they want to'.

We saw that some 'dementia friendly' signage was evident on bathrooms and toilets; this should promote the independence of people in finding these areas. However, as the needs of people using the service change further work should be carried out with regards to the environment promoting a positive quality of life for people with dementia.

People living in the home and their relatives commented:

'Access to the Gardens is difficult without assistance for people with mobility problems.'

'Staff do their best to help.'

'People including staff are all friendly. I enjoy being here and I can get a laugh from the staff.'

'The environment is quite good.'

'Residents with dementia are not always able to respect others privacy. Staff do work hard to ensure privacy is respected.'

Areas for improvement

At previous inspections, we have reported on the lack of opportunity for people to go out within the local community. The home has its own transport; however, there has not been an outing since April 2014. We discussed this with the provider and area manager and expect this opportunity to be available to people and to be better managed.

The management team shared with us their re-furbishment plans, but were unclear as to when some of this work would happen. The provider should continue to invest in the home by making ongoing improvements as it is recognised that this would further enhance people's quality of life.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 3 - Adequate

Statement 3

"We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice."

Service strengths

Services undertake a self assessment before an inspection. The service evaluated their performance under this quality statement as 'good'. We verified some information contained within the service's self assessment and considered progress made in relation to the areas for development identified at the last inspection visits. We concluded that Ashford House was performing at an adequate level in relation to this statement.

To assess this statement we:

- Met with several members of the staff team.
- Had detailed discussions with people living in the home.
- Considered feedback from relatives.
- Observed staff practice.
- Examined a sample of staff's training and development records.
- Evaluated the provider's training systems.

All of the staff participated positively in the inspection process, and engaged with the inspectors in discussions about practice.

We saw that staff approached care in a considerate and respectful way. They were motivated to provide a good standard of care, and demonstrated recognition of the importance of training and learning in their role. We found that staff were well informed about the people they supported.

People using the service, in general, spoke positively about the care and support they received and the quality of the staff employed in the home. Relatives told us through discussion and the questionnaires returned to us that they had confidence in the staff team.

Ashford House had a staff training plan in place. This included mandatory training that staff must have 'updates' on at regular intervals. Examples of this included fire safety, moving and handling and first aid. We asked staff if they could give us examples of more specific training they have attended this year, this included 'communication with people with dementia' and medication training. We confirmed that staff knew the signs and symptoms of a stroke and they could tell us what action they would take.

We were advised by staff members that the management staff were supportive and that staff could discuss concerns with management staff. Staff could discuss their training, support and development needs through staff meetings, supervision and appraisals (as well as informally).

People commented:

'The staff give most of the care that I need.'

'The staff are quite good.'

Areas for improvement

At the last inspection, we identified staff's induction into the service as an area for significant development. We found that whilst staff generally felt supported, there was a lack of evidence to demonstrate how staff's understanding of people's needs and overall competency were assessed. The Induction Schedule was not standardised and was dependent upon the availability and experience of the existing staff.

At Ashford House, no staff were new to the team and therefore we could not measure development made in this area. However, we concluded from our inspections across the three homes that this was an area that required significant development. This is reported on in the inspection findings for Ashlea and Ashwood House.

Whilst the providers had an annual training plan in place for staff we could evidence that several training courses were still to be confirmed and arranged for this year. The service should ensure that this training schedule is met and that they continue to review their training plan as the needs of the staff and people living in the home change. (Please see Recommendation 1 below).

We talked with the manager about the role of 'champions' and developing 'key working' within the service. We could see that this would be of benefit to people using the service. Building up knowledge and skills around an aspect of care and support are early opportunities to also develop leadership skills.

We were unable to evidence systems in place to monitor and assess staff competency and how this was linked to supervision, training and appraisal systems. We advised that the service expand on the formal methods used to assess staff's competency. The management team told us that this was being developed and that they expected this to be more evident at the next inspection. We have reviewed the recommendation made at the last inspection and aspects of this remain. (Please see recommendation 2 below).

Care home staff in Scotland require to be registered with the Scottish Social Services Council (SSSC). The role of the SSSC is to raise standards of practice, strengthen and support social service workers and increase the protection of people who use services. We were therefore disappointed to find that some of the staff, employed for some time, had not made applications to register. This delay has put at risk their employment prospects after September 2015. The effect for the service is that there may be insufficient staff available to meet the staffing schedule and the needs of people living at Ashford House. We will closely monitor this situation and expect the management team and provider to take action to manage this immediately.

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Recommendation with reference to Theme 3, Statement 3:

The service should ensure that they have an effective yearly training plan for its entire staff team. We expect that all staff working within the care home have received training appropriate to the work they are to perform and that all staff are appropriately trained in relevant aspects of the health needs of each individual using the service.

This training plan should include key areas such as:

- Moving and handling
- Infection control
- Health and Safety
- First aid
- Nutrition and hydration
- Dementia care and support
- Adult support and protection
- Behaviours that can challenge

Reference is made to: The National Care Standards - Care Home for Older People:

Standard 5 Management and Staffing, Standard 6 Support Arrangements.

Standards of Care for Dementia in Scotland (Scottish Government)

Promoting Excellence - A framework for health and social services staff working with people with dementia.

2. Recommendation with reference to Theme 3, Statement 3:

The service is recommended to:

- Introduce a competency assessment framework to satisfy themselves that training which has been delivered to staff is being applied in practice and resulting in positive outcomes from people.

- This should incorporate observational monitoring of practice and could for example, be included as part of the supervision process.
- The service must ensure staff have attended moving and handling training before supporting people and have an assessed level of competence.
National Care Standards, Care Homes for Older People - Standard 5
Management and Staffing.

Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

Service strengths

Services undertake a self assessment before an inspection. The service evaluated their performance under this quality statement as 'good'. We verified some information contained within the service's self assessment and concluded that Ashford House was performing at a good level in relation to this statement.

To assess this statement we:

- Met with several members of the staff team.
- Spoke with people living in the home.
- Considered the Care Standard Questionnaires (CSQs) returned to us.
- Observed staff practice.
- Considered the strengths reported on under Themes, 1, Statements 1 and 3, Theme 2 statement 3 and Theme 3, Statement 3.

We saw that the staff team were kind with a positive approach. Staff worked well together, showing a commitment to making sure people were well cared for and supported. Staff were observed to be patient and respectful in their interactions and, demonstrated an understanding of people's care and support needs.

Through discussions, staff spoke of the standards expected within the home and mostly, had an understanding of how the national care standards should be reflected within the daily support offered to people living in the home. Staff told us that the manager measured how people's needs were being met, including observing how staff supported people with their meals and general care needs.

The service also supported staff and monitored the quality of the care provided through staff supervision and appraisal. The manager valued the importance of this and records confirmed the positive way that people's needs and wishes were respected.

Through questionnaires returned to us:

- 100% of respondents agreed that their privacy was respected by staff.
- 100% of respondents said staff treated them politely at all times.
- 100% of relatives stated that their relative/friend was encouraged to make choices about all aspects of their life in the care home.

Staff were clear about their duty to report concerns if poor practice was ever observed and about how to report concerns about people's wellbeing.

Our observations and feedback from people using the service, confirmed Ashford House promotes an ethos of respect towards the people in their care and each other.

Areas for improvement

Every aspect of the service relies on a process of assessment and review and we shared with the manager areas that senior care staff could lead on at a level their role and responsibilities supports. Staff are encouraged to make informed decisions about the care they provide on a day-to-day basis, further developments would include staff arranging and recording their 'key people's' reviews.

Additional training and increased delegation of responsibilities would further promote leadership values throughout our workforce.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

Service strengths

Services undertake a self assessment before an inspection. The service evaluated their performance under this quality statement as 'good'. We verified some information contained within the service's self assessment and concluded that Ashford House was performing at a good level in relation to this statement.

To assess this statement we:

- Considered staff appraisal and supervision records.
- Evaluated the minutes from staff meetings.
- Observed staff practice.
- Considered how the service responded to people and relatives.

A new manager has been appointed within the past year. Staff told us that they had confidence in the new manager and were benefiting from having a manager able to be based full time at Ashford House. Most people in the home could identify the manager and we saw from looking at minutes, that relatives recognised the benefit of having a permanent full time manager available.

We recognised that the manager was still assessing and prioritising the developments required in the service and they confirmed that they now had a clearer understanding of their aims and goals. In general, the staff team we met demonstrated an awareness of ways that the service should develop.

The home manager is supported by the area manager who has demonstrated a commitment to the development and improvement of the homes in the Mauricare group. The area manager had welcomed the plan to inspect the three homes collectively and had agreed that this approach would be taken to support the overall development of the company.

The methods used by the service to involve people in the home and relatives in assessing and improving all aspects of the service, including the management and leadership of the service are detailed in Quality Theme 1, Statement 1.

Areas for improvement

Every aspect of the service relies on a process of assessment and review and we shared with the manager areas that senior care staff could lead on at a level their role and responsibilities supports. Staff are encouraged to make informed decisions about the care they provide on a day-to-day basis, further developments would include staff arranging and recording their 'key people's' reviews.

Additional training and increased delegation of responsibilities would further promote leadership values throughout our workforce.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.”

Service strengths

Services undertake a self assessment before an inspection. The service evaluated their performance under this quality statement as 'good'. We verified some information contained with the service's self assessment and considered progress made in relation to the areas for development identified at the last inspection visits. We concluded that Ashford House had maintained the grade awarded at the last inspection and was performing at a good level in relation to this statement.

As detailed in Quality Theme 1, Statement 1 the service used a range of methods to both encourage and gather feedback from people living in the home and their relatives/carers. The 'open door' approach and relationships within the home enabled people and relatives to share their opinions and feel able to comment on the quality of the service. Relatives confirmed that the service responded to concerns or comments.

We considered the minutes from the staff meetings that took place. These happened on a regular basis and staff were encouraged to discuss training needs and service development. We could see that staff meetings were another opportunity for the management to discuss the standards of care and support that were expected.

The manager had worked hard to develop and progress quality assurance systems since our last inspection visit. There is evidence that these systems support services in improving their practice which can result in improved outcomes for people including relatives and the staff team. Audits were carried out in specific areas. The aims of the audits were to make sure standards were maintained and any areas for improvement identified and acted upon.

For example, mealtime audits had been reviewed following last year's inspection. Records and staff confirmed that the manager assessed people's 'dining experience' regularly on different days and at different times. The manager was very focused on dining being a social, pleasurable and positive experience for people. We could see outcomes from the mealtime audits were discussed with staff and could evidence that this feedback was having an impact upon people's dining experience. For example, staff were more aware of 'small things' that are important when eating, such as use of condiments and people routinely being offered visual choices of meals.

Services must ensure that the Care Inspectorate is notified within 24 hours of any unforeseen event including accidents and incidents, deaths or incidents. Notifications sent to us have been well detailed and sent within the required timescales.

A complaints procedure was in place which encouraged people, relatives and others involved in the care home to raise any concerns with the staff or manager. Most people told us that they could raise issues with the manager or any member of staff and were confident they would address them appropriately. Formal complaints have been made to the Care Inspectorate about standards at Ashford House since the last inspection. Information in relation to all care services is available on our website at www.careinspectorate.com. This includes inspection reports, a record of upheld complaints and the Requirements/Recommendations made.

Areas for improvement

As the service continues to make progress it would be good to see more staff involved in how the quality of the service is measured and monitored, at the time of inspection this was the manager's responsibility. Some staff had less knowledge about the ways that audits could change day-to-day practice. It would be pleasing to see individual staff lead on certain developments.

We also saw that dependency assessments were being completed for each person in the home. The purpose of this assessment is to help the service identify how much staff time each person needed each day in order to have their care needs met. The information can be used by management to help to plan how many staff were needed on each shift.

The assessments that we sampled were not all accurately completed and the Mauricare Group and the services could not demonstrate how this information was used to plan staffing levels. We will follow this through at meetings with the area manager and through further inspection visits.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

1. Requirement with reference to Theme 1, Statement 3:

The organisation must review moving and handling assessment, training and practice to ensure:

- The moving and handling assessment tool is fit for purpose and it details moving and handling tasks and how these tasks are to be safely executed to minimise the risk to residents and staff.
- Staff have access to regular training appropriate to the work they do and to meet the residents' needs. This must include moving and handling training.
- Staff must have attended moving and handling training before supporting residents and must have an assessed level of competence.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210:

Regulation (4) (a), Welfare of users.

Regulation (9) (1), Fitness of employees.

In making this requirement, the following National Care Standards were taken into account:

National Care Standards, Care Home for Older People, Standard 5, Staffing.

This requirement was made on 09 December 2014

This requirement has been met.

Met - Within Timescales

2. Requirement with reference to Theme 1, Statement 3:

(a)The Provider must make proper provision for the health, welfare and safety of service users.

In order to do so, the Provider must put in place a system to ensure that personal care plans:

- State residents individual, specific health needs and associated risks.
- Provide clear and accurate information and guidance for staff on how to meet the identified needs and risks.
- Evidence that assessment tools are used effectively and accurately to identify service users' needs and are updated regularly and as service users' circumstances change.
- Are reviewed regularly and updated to include changes as a result of a planned care review or when there is a change in residents' needs.
- Contain clear assessment and evaluation information regarding residents' needs and planned interventions by staff to meet these needs.

(b)The provider must:

- Ensure that regular reviews are held and reviews of residents' personal care plans evidence how residents and their representatives have been consulted about how the service is meeting residents' health, welfare and safety needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210:

Regulation 3 - Regarding the principles of the Act

Regulation 4 (1) (a) - Welfare of users.

Timescale: At weeks six and 12 from receipt of the draft report, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within 16 weeks of receipt of the draft report.

This requirement was made on 09 December 2014

Whilst we could evidence progress made in some areas, we concluded that this Requirement had not been met. Details of this are reported in the body of this report under Theme 1, Statement 3.

Not Met

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. Recommendation with reference to Theme 1, Statement 3 :

We expect that care services fully assess the needs of people considering their service and then individually tailor care and support needs to meet the health, social, cultural and faith needs of every individual receiving care and support. The care and support plan should outline this from the point of initial assessment and this should be regularly reviewed. This should include information which is received from hospitals or any other sources.

In making this recommendation, the following National Care Standards were taken into account: National Care Standards - Care Homes for Older people

-Standard 5 - Management and Staffing

-Standard 7 - Moving In

-Standard 8 - Making choices

This recommendation was made on 09 December 2014

Whilst we could evidence progress made in some areas, we concluded that this recommendation had not been met. Details of this are reported in the body of this report under Theme 1, Statement 3.

2. Recommendation with reference to Theme 3, Statement 2:

It is recommended that the service put in place a system to ensure that:

-All staff working within the care service have received a full standardised induction appropriate to the work they are to perform and the needs of the residents.

This must include ensuring that relevant staff are current and competent in moving and handling practice (Reference is made to the Requirement under Theme 1, Statement 3).

-All staff delivering direct care to residents are assessed as having the skills, knowledge and competence required to carry out their role.

-All staff skills and training needs are evaluated and their capacity to carry out the work they are to perform is reviewed. If further training needs are identified, the action taken must be evidenced.

Reference is made to: National Care Standards, Care Homes for Older People, Standard 5, Staffing.

This recommendation was made on 09 December 2014

We were unable to measure the progress made at Ashford House in relation to this recommendation during this inspection visit. This was because no new staff members had been recruited since the last inspection visit. This will be followed through at the next planned inspection.

3. Recommendation with reference to Theme 3, Statement 3:

The service is recommended to:

-Make use of management practices, such as supervision and appraisal and regular staff meetings to support, develop and guide each staff member in their practice and ensure that each staff member meets expected standards of practice.

-Introduce a competency assessment framework to satisfy themselves that training which has been delivered to staff is being applied in practice and resulting in positive outcomes from residents. This should incorporate observational monitoring of practice and could for example, be included as part of the supervision process.

National Care Standards, Care Homes for Older People - Standard 5 Management and Staffing.

This recommendation was made on 09 December 2014

We could evidence progress made in the first part of this recommendation. Staff confirmed that 1-1 supervision and whole team meetings did happen. We did, however, conclude that the second part of this recommendation had not been met. Details of this are reported in the body of this report under Theme 1, Statement 3.

4. Recommendation with reference to Theme 4, Statement 4:

The service should review their quality assurance systems to ensure that:

- Formal quality assurance systems are in place, that can measure and evaluate how the service is performing and evidence outcomes for those involved with the service (including staff).
- All action plans are followed up and there is evidence of a positive outcome for residents.
- The service should ensure that staff at all levels become involved in the service's quality assurance systems, and have a clear understanding of the process of improvement relating to quality. Discussion at team meetings and individual supervision sessions may assist this level of work.

National Care Standards - Care Homes for Older People - Standard 5 - Management and Staffing Arrangements.

This recommendation was made on 09 December 2014

We concluded that the service had taken action to meet this recommendation. Details of this are reported on under Theme 4, Statement 4.

6 Complaints

Formal complaints have been made to the Care Inspectorate about standards at Ashford House since the last inspection. Information in relation to all care services is available on our website at www.careinspectorate.com. This includes inspection reports, a record of upheld complaints and the requirements/recommendations made.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
9 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and Leadership	4 - Good
10 Jun 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and Leadership	4 - Good
25 Feb 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not Assessed
		Management and Leadership	3 - Adequate
4 Oct 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	Not Assessed
		Management and Leadership	2 - Weak
30 May 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and Leadership	2 - Weak

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