

Care service inspection report

Full inspection

Ashlea House Care Home Service

Bracklinn Road
Callander



HAPPY TO TRANSLATE

Service provided by: Mauricare Ascot Care Limited

Service provider number: SP2012011882

Care service number: CS2012310159

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	3	Adequate
Quality of staffing	3	Adequate
Quality of management and leadership	3	Adequate

What the service does well

Since the last inspection the new manager has begun to establish her role. Staff and residents feel the benefit of the management presence in the home. The activities programme has helped some residents to enjoy their days.

What the service could do better

Staff training programme has started. Recording for care assessments need attention. Oral healthcare is important and has been missed in reviews of care.

What the service has done since the last inspection

The manager has coped with the absence of her regional manager and this has limited planned progress in particular, ensuring that staff have the skills and knowledge to support the residents has had a lower priority than planned.

Some staff training has started.

Some improvements in the fabric of the building have been done. Repairs have been done and the appointment of a maintenance team has helped staff focus on care.

Conclusion

Ashlea continues to provide safe care and support for all residents. Planned developments in the staff teams have not progressed due to the unexpected absence of a senior manager and support for the home manager has not been addressed.

Investment in the fabric of the building has started and there are plans for further work.

1 About the service we inspected

Ashlea House registered with the Care Inspectorate on 3 October 2012. Ashlea House is a care home for older people situated in the rural Stirlingshire town of Callander. It is owned by Mauricare Ascot Care Limited and is registered to provide care for a maximum of 21 older people. The home is an older property which has been extended it is close to all amenities and transport in the town. The home is divided into three floors and access to all floors is by means of a lift. Ashlea House state that their aim is to provide exceptional levels of care in smaller and more personalised care home surroundings, enjoying a relaxed, happy and friendly atmosphere.

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 3 - Adequate

Quality of staffing - Grade 3 - Adequate

Quality of management and leadership - Grade 3 - Adequate

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

This report was written following an unannounced inspection of the service on Wednesday 8 June 2016 between 10.00am and 6.30pm and a follow up visit on Thursday 9 June 2016 between 9.00am and 4.30pm. The inspection was carried out by two inspectors from the Care Inspectorate.

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 the people who use the service and details about members of the staff team.
- Notifications the service provides to us informing us about events that impact on the delivery of the service.
- Any complaints the Care Inspectorate has received.
- Recommendations and requirements made through inspections or complaints.
- The risk assessment we complete.

This information informs the intensity of the inspection.

The manager of the care service sent us an annual return and a self assessment form. We talked to the manager, staff in the service and service users during the inspection.

We sent questionnaires to service users/relatives and received three responses which we took into account for this report.

We looked at records and documents during the visit. These included:-

- certificate of registration.
- public liability insurance.
- written risk assessments.
- a sample of six care and support plans.
- audits and quality assurance systems.
- information on the office noticeboard.

We talked to the manager and staff on duty. We carried out a structured observation called the Short Observational Framework people with difficulty in verbal communication for Inspection (SOFI). This is designed to gather information about their experience of support, particularly for people with poor verbal skills.

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 thinks are appropriate for their current service delivery based on its performance under quality indicators. The inspector reviews this information before the inspection and reviews some of the evidence that the provider has said demonstrates their level of performance. The self assessment is an annual request to help the service demonstrate their progress.

We talked with the manager about the fact that no self assessment had been submitted before this inspection.

Taking the views of people using the care service into account

We spoke with five residents during the visits. One resident felt they needed more emotional support from senior staff. 'Nothing here for me.'

Other residents made very positive comments about their experiences:

'I am very happy in the home, comfortable. There are good meals and I have regular visits from my family. Staff are all lovely and nothing could be better.'

Taking carers' views into account

'All is fine. Our relative is happy and settled. There are regular outings with family. Not aware of any outings with staff. We are always offered meals and teas. This is excellent.'

'I have no concerns. Staff are always pleasant.'

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 3

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

Service strengths

At the last inspection the service was performing at an adequate level for this quality statement.

At this inspection 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.
- Areas for improvement reported under themes two and three are relevant to this statement.

We concluded that Ashlea was performing at an adequate level in relation to this statement.

Staff were visible around the home most of the time. Staff approached people in a caring and gentle manner and people did appear comfortable in the company of staff.

All residents were well dressed and attention had been given to their appearance. For example, the ladies and gentlemen's clothes were colour coordinated and ladies who wanted to were wearing their jewellery. Attention to detail like this helps people to retain their sense of identity and independence. The staff we spoke with were knowledgeable about people's likes and routines.

We found the home had good contacts and support from local GPs, health professionals and local authorities. Relatives' and staff feedback confirmed that advice and guidance was sought in response to concerns. A records 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 living in the home.

We observed both the lunchtime and supper experiences for people using the dining room. We saw that staff were respectful in their approach and involved people in making their choices. We saw where some improvements would make these experiences better.

Risks to people's health and wellbeing had been assessed and some measures were in place to enable staff to support people safely.

Areas for improvement

We observed the morning experience using the Short Observational Framework for Inspection (SOFI). This tool helps capture information about people's experience of support where the people are unable to tell us directly.

We found that staff were well meaning and kind but seemed to be unaware of offering choice at a pace where people can have time to make their choice. We saw this on three occasions during the observation. We saw that staff engaged people but moved on to the next person so quickly that the engagement was fleeting. This helps make people withdrawn and feeling isolated.

We saw staff had the television switched on but no sound, without consultation with any residents, staff turned off the TV which two people were looking at, and turned the radio on instead. This action showed a lack of consultation with people engaged in an activity and should have been handled in response to views given by people watching the TV.

The quality of information and recordings in care plans and records must be improved. The service could develop a clearer system for measuring progress and evaluating the care needs of people. Good record keeping is an integral part of practice and is essential to the provision of safe and effective care. Management agreed to address the issues we identified. This included the evaluations of people's weights, food and fluid recordings and the way that changes in people's behaviours were monitored and assessed. The requirement made at previous inspections remains. (See requirements 1 and 2).

Grade

3 - Adequate

Requirements

Number of requirements - 2

1. The provider must put in place a system to ensure that personal care plans:
 - state individual's specific health needs and associated risks.
 - quickly identify the priority needs of an individual when they move into a care home.
 - record under which 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 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 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.

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: Evidence requested at weeks 6 and 12 from receipt of the draft report.

2. The provider must ensure that staff monitor the weight of residents who are at risk of malnutrition. The system used in the service is MUST and staff training in using the tool to assist people to be well nourished should help.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210. Regulation 4(1)(a) - Welfare of users.

Timescale: Immediate effect on receipt of this draft report.

Number of recommendations - 0

Statement 6

“People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provide.”

Service strengths

In the self assessment submitted 2015, the service assessed their performance for this statement as "good".

To assess this statement we:

- asked people if Ashlea House had met their expectations.
- met with relatives.
- considered the general environment.
- examined relevant documents.
- observed staff practice.

We concluded that Ashlea House was performing at an adequate level in relation to this statement.

People we met with told us that their home was comfortable and that staff were caring. Relatives told us about staff's friendly and warm manner and we saw how staff supported visiting families.

Staff continued to contact relatives by means of letters and telephone calls to provide information on individual people, planned social events, family meetings and also to arrange dates suitable to attend formal care reviews. The manager was working on gathering more e-mail contacts to share information at families requests.

People had an allocated 'key worker' which made it easier for them and their relatives to identify someone they could talk to about any concerns, suggestions or ideas. We saw that this information was displayed in people's rooms.

Ashlea House has a website which provides information specific to that home as well as the Mauricare Group. The local authority can also support people and families when considering that the chosen home can meet the specific support and care needs.

Areas for improvement

We found the opportunity for people to reflect on the service to be mixed. People's care plans included some preferences with regards to their care but their awareness of their plans was limited, some people and relatives were aware of care reviews, others were not.

As reported on previous inspections, we would recommend that the service develop the methods used to give people and their relatives more appropriate opportunities to be involved in their care and able to comment on the service in a meaningful way.

People's needs were assessed prior to them moving into the service. At this inspection visit we could see that a pre-admission assessment was in use, although not always fully completed. This means the service may not be fully aware of people's needs and people's plans of care were not sufficiently reflective to support person centred care. This is particularly important when a service offers short break care and support. The recommendation made at a previous inspection is continued (See recommendation 1).

Grade

3 - Adequate

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. 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 assessment and this should be regularly reviewed. This should include information which is received from hospital 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: 3 - Adequate

Statement 2

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

Service strengths

The service evaluated their performance under this quality statement as 'good'

To assess this statement we:

- asked people how they found living in Ashlea House.
- considered the general environment.
- examined relevant documents.
- observed staff practice.
- considered the safety and protection of people living in the home.
- considered the areas for improvement identified in Themes 1 and 3.

We concluded that Ashlea House was performing at an adequate level for this quality statement.

The home had a signing in book which recorded visitors to the service. This helped ensure that unauthorised people did not enter the home and that people were accounted for in case of fire alarms/concerns.

People living in the home told us that Ashlea House was a supportive and welcoming environment. Staff knew people well and this had a positive impact upon the way people were encouraged and motivated in day-to-day life. We found the environment to be pleasant, at a comfortable temperature and free from odours.

We saw that domestic staff were on duty and they worked well to ensure the cleanliness and safety of the home. Staff told us that the new maintenance service was great and would help with the necessary improvements to maintenance in the home.

Changes to the ways that their work is managed would enhance the impact of the maintenance service. We found the communal areas mainly well arranged and free from obstacles that could make mobility difficult.

Staff told us that people had access to a call system in all bedrooms and communal areas to summon assistance if necessary. Some new equipment such as slings for hoists had been bought since the last inspection. Staff told us how this had helped the comfort and safety for people in the home. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service. Staff we met with could tell us about their responsibilities to keep people safe and report concerns or poor practice.

Areas for improvement

There were insufficient systems in place to ensure that the building and the equipment was safe. Within the home maintenance record keeping needed to improve, it was not always evident when/or if repairs had been carried out. We could evidence in all three homes that external maintenance contracts were not managed in a consistent and planned way by the provider. On occasion, a contractor was changed and the management team not informed. This meant that it was challenging for the management team to have repairs completed as required. (See requirement 1).

We do not regulate fire safety, local fire and rescue services have this responsibility. But in checking safety records we found that fire safety checks were not carried out consistently and staff had not attended fire training as often as Mauricare policy required to ensure the safety of people living in the home. A requirement is made under theme 3, statement 3 of this report. Additional training for staff in areas including Adult Support and Protection and dementia care would improve the effectiveness of people's care and this is reported further under Theme 3.

We found the policy on restraint was required in another home in the group and we ask the manager to ensure a similar policy is available at Ashlea House. (See recommendation 1).

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must ensure that there is an appropriate system in place to make certain that contractual maintenance agreements and repair procedures are effective. To achieve this, the provider must:

- have contracts in place to ensure that planned maintenance and repairs to equipment are carried out.
- ensure managers are aware of these contracts and have the necessary contact details.
- ensure that equipment required to support people's care is always available for use.
- ensure LOLER standards are met (Lifting Operations and Equipment Regulations).
- ensure that the cleanliness and replacement programme for furnishings and fittings is shared with the management and maintenance staff so that the service can meet the needs of people using the service.

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 4(1)(a) -Welfare of users

14(b)and (c) Facilities in care homes.

Timescale: With immediate effect from receipt of the draft inspection report.

Recommendations

Number of recommendations - 1

1. It is recommended that a policy on restraint is in place. This should take account of bed rails, pressure mats, locked doors and other means required for peoples wellbeing and safety. This policy must take into account current best practice guidance.

Reference is made to National Care Standards, Care Homes for Older People, Standard 9 - Feeling safe and secure. Standard 17, Making choices

Rights, risks and limits to freedom, Mental Welfare Commission 2013

Statement 3

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

Service strengths

The service evaluated their performance under this quality statement as 'good'.

To assess this statement we:

- asked people how they found living in Ashlea House.
- met with relatives.
- considered the general environment.
- examined relevant documents.
- observed staff practice.
- considered the areas for improvement in Themes 1 and 3.

We concluded that the service was performing at an adequate level in relation to this statement.

People were comfortable in their surroundings and we could see that they had positive relationships with the staff team. The atmosphere was mainly relaxed and there was good balance between respect and friendly discussion. People's preferences about how they were addressed were recognised.

People living in the home and their visitors confirmed that they were encouraged to have their own personal belongings and items of furniture in their room if they want. Bedrooms were observed to be individualised with décor, fabrics, items of furniture, photographs and ornaments which reflected personal choice and interests.

The main communal areas were clean and recent repairs to a ceiling were complete. The manager said there were plans to change the décor in both lounges in the home.

Many people we met are local to this community and this was an important consideration when choosing their new home.

Records and people confirmed that Ashlea House continued to arrange for external activity and entertainment on a regular basis, including music and reminiscence groups. People clearly enjoyed the music events and we spoke with staff and the manager about ways that personally meaningful music could further enhance people's lives (Playlist for Life).

A recommendation was made at the last inspection regarding the level of lighting in the corridor on the ground floor. We were pleased to see that improvements had been made. Staff told us this had made it easier for residents to make their way to their room in the evening.

Areas for improvement

We saw some 'dementia friendly' signage in communal areas including bathrooms and toilets. This should promote the independence of people finding these areas. However, as the needs of all of the people using the service change, further work should be carried out promoting a positive quality of life for people. We spoke with the manager about information on the Care Inspectorate's information Hub. The Kings Fund environmental assessment tool available on this site supports services in assessing how their environment supports the well being and security of people with dementia and we would advise its use.

People's ability to take part in activities in the wider community were largely dependent on visiting family and friends and we saw that people who had more complex needs did not have the social aspect of their care sufficiently assessed or planned for. One person did tell us that they had very little to do with their day. Another person was looking for support from the manager in meeting their social needs.

Staff and manager told us that access to transport would help people keep links with their local area.

Grade

3 - Adequate

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 3 - Adequate

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service strengths

The service evaluated their performance under this quality statement as 'good'.

To assess this statement we:-

- evaluated the provider's recruitment system and a sample of staff files.
- met with members of the staff team including a newer member of staff.
- observed staff practice.
- examined a sample of staff training and development records.
- evaluated the providers training systems.

We concluded that Ashlea House was performing at an adequate level for this quality statement.

Inspecting the recruitment processes we found that the recruitment for staff met the standards required. This included:-

- application forms.
- formal interviews.
- copies of relevant qualifications.
- two suitable references, including from the previous employer.
- photographic identity checks.
- PVG (criminal record) checks.

Staff said they felt well supported during their induction period and that initially, they observed more experienced staff (shadowing). For most staff, this period was for up to five days. Discussions confirmed new staff were given feedback during this time about how they were settling in. There has been little change in the care staff group over the years. This helps to maintain a good foundation for people's care and for supporting new staff.

Discussions and records confirmed that moving and handling training happens before staff supported people. In some situations, more than one session was arranged to support staff's confidence. At Ashlea, the manager had started using a recognised assessment tool to measure that staff's moving and handling practice was as expected. This was a positive development. We spent some time with a newer member of staff and asked about their experience of joining the team. 'Very supportive team.' 'Managers are very approachable.'

People using the service in general spoke positively about the care and support they received and the quality of staff employed in the home.

Areas for improvement

New staff must be registered with the Scottish Social Services Council (SSSC) within six months of starting in a new post. The purpose of this register is to support the delivery of a safe and qualified social care workforce in Scotland. Some applications had not happened as required in the area manager's absence. We have discussed this with management and expect them to update us on how this will be managed. The requirement made at a previous inspection remains. (See requirement 1).

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must not employ any person in the provision of a care service unless that person is fit to be so employed. This includes a person who, in order to perform the duties for which the person is employed in the care service, is required by an enactment to be registered with any person or body and is not so registered.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 9(1)(c)

Timescale: End of August 2016

Number of recommendations - 0

Statement 3

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

Service strengths

The service evaluated their performance under this quality statement as 'good'.

To assess this statement we:

- evaluated the providers recruitment system and sampled staff files.
- met with members of the staff team including a new staff member.
- observed staff practice.
- examined a sample of staff training and development records.
- evaluated the providers training systems.

We concluded that Ashlea House was performing at an adequate level in relation to this statement.

People we spoke with were happy with the care and support they received and said that staff had a kind and caring manner. We saw that staff were considerate and respectful. People were supported by a group of staff who were familiar to them and who were motivated to provide good standards of care. Relatives we met had confidence in the staff team and the questionnaires returned to the home reflected this.

Staff told us that the manager was working to source training that would be of interest and relate to the needs of people in the home.

Staff told us that they could discuss their training, support and development needs informally with the manager as well as in supervision meetings.

Since the last inspection the manager has completed her course to be a moving and handling trainer. This will help ensure that staff have the required skills to support each person appropriately.

Our thanks to the staff who participated positively in the inspection process and engaged with the inspectors in discussion about practice.

Areas for improvement

As reported under theme 1, statement 3 we identified areas where people's health and wellbeing needs were not being met effectively. In some areas this was due to a lack of staff understanding and knowledge.

At previous inspections, we have recommended that the service review their training plan as the needs of the staff and people living in the home change. We were disappointed to see that this area had progressed very little. In part, this was due to the area manager's absence and the provider changing training companies. The recommendation made at previous inspections remain. (See recommendation 1).

Care home staff in Scotland now require to be registered with the Scottish Social Services Council (SSSC). The aim of SSSC is to raise standards of practice, strengthen and support social service's workers and increase the protection of people who use services. It was of concern that staff, employed for some time, had not made applications to register. The requirement remaining under theme 3, statement 2 reflects this.

Staff were pleased to tell us that they had supervision meetings with the manager. We advised at the last inspection that supervision meetings gave an opportunity for assessment of current skills and knowledge to link to the training needs and competence of the staff appraised. There has been little progress in this area.

The provider and management are required to ensure that the staff have the required skills and competence to manage the safety of people in emergency situation. Not all staff were competent to do so. (See requirement 1).

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The provider must demonstrate proper provision for the safety and welfare of service users is made.

In order to achieve this the provider must:

- ensure that at all times suitably qualified, skilled and experienced staff are working in the care service in such numbers as are appropriate for the health and welfare of service users.
- ensure that all staff have access to regular training to the work they do to meet people's needs. This must include staff who are competent in managing the safety of people in an emergency situation and in moving and handling of people.
- have systems in place to guide each staff member in their practice and ensure that each staff member is meeting expected standards of practice.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Regulation 4(a), Welfare of users and Regulation 15 (a) Staffing.

Recommendations

Number of recommendations - 1

1. The service is recommended to:

- introduce a competency framework to satisfy themselves that training which has been delivered to staff is being applied in practice and resulting in positive outcomes for people.
- incorporate observational monitoring of practice and could, for example, include this in the supervision process.

Reference is made to:

National Care Standards, Care homes for older people, standard 5 -Management and staffing

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 3 - Adequate

Statement 3

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

Service strengths

The service evaluated their performance under this quality statement as 'good'.

To assess this statement we:

- met with members of the staff team and management team.
- observed staff practice.
- examined a sample of staff training and development records.
- assessed relevant documents.

We concluded that Ashlea House was performing at an adequate level for this quality statement.

Staff we met with confirmed that they had opportunities to meet. Formal group and individual meetings happened as well as informal discussions. Staff on duty told us they felt involved in day-to-day decision making.

We spent time with a senior member of the care team. They told us that there were more opportunities for staff training and new responsibilities, such as mentoring new staff. We found the senior carers to be committed and willing to develop their role to improve the safety and well being of people in the home.

The whole staff team understood that the needs of people living in the home were changing and that support needs were increasing. Staff felt very well supported by each other and the manager and they recognised that additional learning and training for staff was necessary to meet people's needs more effectively.

The area manager is highly regarded by the managers and the staff teams.

We confirmed that senior staff were appropriately registered with the Scottish Social Services Council (SSSC) or with the Nursing and Midwifery Council (NMC) as appropriate.

Areas for improvement

Every aspect of the service relies on a process of assessment and review and we shared with the management areas where senior care staff could lead on relative to their role and responsibilities.

We discussed areas of care where people's care had not been evaluated as expected and so strategies to support these people had not been actioned. It was acknowledged that additional training and increased delegation of responsibilities could further promote leadership values within the team.

We discussed with the area manager the benefits of ensuring management training for recently appointed managers. The development of skills and experience will help develop this service further.

Grade

3 - Adequate

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

The service evaluated their performance under this quality statement as 'good'. To assess this statement we looked at areas for development noted at the last inspection and we took account of the quality assurance systems available in the home.

We concluded that Ashlea House was performing at an adequate level for this quality statement.

Manager has ensured that the care delivered to residents has been timely and positive relationships have been developed with residents, their families and the staff team. Feedback to us around these areas was good. We identified that systems to develop further need work and this is discussed below.

Areas for improvement

The manager undertook some audits to check the quality and safety of the service. However, the way that audits were evaluated meant that they did not pick up risks to people. We shared specific examples with managers, including weight records. Care staff had less knowledge about the ways that audits could change day-to-day practice. We concluded that the current system of maintaining records and evaluation of these records was not helping assure the quality of care and support at Ashlea House. The provider should ensure monitoring systems are used effectively to bring about changes in a timely manner. (See requirement 1).

There was a lack of support across the homes from the provider when the area manager was absent. We identified several ways that this had restricted progress and have discussed the need for contingency planning with the provider.

The provider must recognise that the management team has little previous experience in this role and requires mentoring and coaching to develop the skills needed as they develop in their role. (See requirement 2).

The manager must lead on evaluations of care. The service has several systems in place such as MUST and Waterlow where information is gathered but not used to amend the care plans for individuals. This is a basic element of care and support and progress must be made in this area.

Grade

3 - Adequate

Requirements

Number of requirements - 2

1. The provider must identify when there is a significant change in a service user's health, welfare or safety needs and review the plan of care to address the need. In order to identify this change in need, a proper evaluation of care information is fundamental.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011, No 210 5(2)(b)(ii) Personal Plans.

Timescale: Within 12 weeks of draft report.

2. The provider must ensure that the service has a quality assurance system which includes contingency plan to enable the provider to ensure that service is delivered in a planned way.

In order to achieve this the provider must:

- have a contingency plan, shared with managers, to address absence from any of the management team.
- implement a plan for managers to gain the experience and qualifications to ensure they have the skills to deliver management and leadership within the services.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011, No 210 Regulation 15(b)(i) (ii). Timescale: within 12 weeks of draft report.

Number of recommendations - 0

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

Previous requirements

1. 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 individual's needs are updated regularly and as an individual's 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 individual's 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.

This requirement was made on 29 June 2015

We saw that some progress has been made but needs to continue to meet the requirement.

Not Met

2. A provider must not employ any person in the provision of a care service unless that person is fit to be so employed. This includes a person who, in order to perform the duties for which the person is employed in the care service, is required by an enactment to be registered with any person or body and is not so registered.

This requirement was made on 29 June 2015

We found that some progress had been made but found no system in place to monitor registration.

Not Met

3. To safeguard people who use the service and meet legal requirements the provider must not employ any person in the provision of the care service unless that person is fit to be employed. In order to do this you must:

- demonstrate a robust system to follow up references.
- ensure that managers know the policy and procedure.
- ensure that systems are audited regularly to improve practice.

This requirement was made on 29 June 2015

We found that recent recruitments had been managed appropriately but we found that a lack of a system to monitor practice was a weakness in the current practice.

Not Met

4. The provider must ensure that a suitable training plan is implemented so that staff have the skills and knowledge to meet the changing needs of the people who live in the home. Managers must ensure that staff are competent in meeting the needs of people who use the service. Therefore competency following training is required.

This requirement was made on 29 June 2015

The manager has started implementing training, although not yet in a planned way. She has started to record competency in personal records. Progress in these areas will improve the service.

Not Met

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

Previous recommendations

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.

This recommendation was made on 29 June 2015

This is still a work in progress.

2. There needs to be more effective lighting to help maintain and improve orientation in line with best practice and evidence based research.

This recommendation was made on 29 June 2015

This has been achieved. Lighting in the corridors has been much improved.

3. The service should have proper provision for keeping confidential information properly stored.

This recommendation was made on 29 June 2015

This has been achieved. The manager has ensured there is space for all confidential records.

4. 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.

The 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.

This recommendation was made on 29 June 2015

We found some progress. The service has training in moving and handling, infection control, first aid, nutrition and hydration in hand but has yet to action the remainder of the topics identified.

5. 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 for people.**
- **this should incorporate observational monitoring of practice and could, for example, be 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.**

This recommendation was made on 29 June 2015

Some progress has been made, particularly lately with moving and handling. Other aspects are still to be addressed.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

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	
21 Nov 2015	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed Not Assessed
29 Jun 2015	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 2 - Weak 2 - Weak
6 Nov 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
14 Jul 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
18 Feb 2014	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
15 Oct 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
24 May 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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