

# Ashwood House Care Home Service

Leny Road  
Callander  
FK17 8AP

Telephone: 01877 330111

Type of inspection: Unannounced  
Inspection completed on: 27 January 2017

**Service provided by:**  
Mauricare Ascot Care Limited

**Service provider number:**  
SP2012011882

**Care service number:**  
CS2012310158

## About the service we inspected

Ashwood House registered with the Care Inspectorate on 3 October 2012. Ashwood House is a care home for older people situated in the Stirlingshire town of Callander. It is owned by Mauricare Ascot Limited and is registered to provide care for a maximum of 21 older people. The home is an older property which is close to local amenities and transport in the town. The home is situated on two floors and access to the upper floor is by a lift.

Ashwood House state their aim is to provide exceptional levels of care in smaller and more personalised care home surroundings, enjoying a relaxed, happy and friendly atmosphere.

## How we inspected the service

This report was written following an unannounced inspection of the service on Wednesday 18 January 2017 between 9.30am and 6pm. This was an inspection to follow up progress with requirements made before to improve the quality of the service provided to people living at Ashwood House.

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 informs the intensity of the inspection.

The manager of the care service sent us an annual return.

During our time in the service we spoke with the manager and senior staff on duty. We spoke with five of the residents and with two visitors. We spoke with the cook, maintenance man and domestic staff about their work.

We looked at a range of records and gave advice where we felt this would be useful for the service. We shared all of our findings with the Area manager before writing this report so that actions to improve care and support could be started where needed.

## Taking the views of people using the service into account

People told us they were very happy living at Ashwood House. We saw that there were very positive relationships between staff and residents.

## Taking carers' views into account

Families confirmed that they felt that staff were very good. Comment was made on plans to improve the seats in the Home.

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

### Previous requirements

#### Requirement 1

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.**

#### Action taken on previous requirement

We spoke with staff on duty and we asked the manager present to see the system used to monitor that all staff were appropriately registered. The manager said the system was still to be developed. We have continued this requirement as the provider could not evidence that all staff on duty were appropriately registered.

**Met - within timescales**

#### Requirement 2

To safeguard people who use the service and meet legal requirements the provider must not employ any person in the provision of a 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.**

#### Action taken on previous requirement

At this visit, we sampled two staff files. We found that references had been properly followed up. To ensure that managers knew the policy and procedures for recruitment of new staff, the manager told us that a training session had been held during a manager's meeting to review the policy and procedure. We asked that the recruitment process was audited to ensure that the policy was met. At this inspection there was no evidence of an audit system. This aspect of the requirement is not met.

We also had concerns about one of the staffing agencies used to supplement the staff team. There were times the service told us the planned staff did not arrive. This is poor practice. We saw an example of the information given to the service before the nurse arrived. There was no photograph provided. This meant that the service were unable to properly verify that the right person was delivering care and handling medication for the residents. There is a clear weakness in this system which puts people at risk. We discussed this further with the Provider.

**Not met**

## Requirement 3

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.**

### Action taken on previous requirement

Since the last inspection there has been progress with the planned training for staff and managers. We saw improvements in some areas. For example, staff felt more confident in their practice. Management courses ensured that people improved their skills. We were told that the competency assessment planned was still in progress and we will follow this up at the next inspection visit.

We highlighted with the manager that fire training was due. The training for January had been postponed to February and we impressed on the staff team the importance of all staff having the knowledge of actions needed should a fire or other emergency occur.

**Not met**

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

## Previous recommendations

### Recommendation 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 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 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 individual's needs. -contain clear assessment and evaluation information regarding individual's 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 recommendation was made on 29 June 2015.**

### Action taken on previous recommendation

We inspected a sample of four care and support files. We found that the quality of information in the care plans was generally informative.

The service was moving to a changed format for the care files and all of the files sampled used the new format. We found this new format helped with accessing information logically. Staff told us it was a useful change that they liked better. We saw that moving and handling information was appropriately recorded.

We were pleased to see that a focus on nutrition had ensured that none of the current residents were at nutritional risk. This is a good improvement from our last visit. The service uses a dependency tool to measure the care needs of individuals. We found errors in how the form was calculated and we showed staff where this had happened.

## Recommendation 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.**

### Action taken on previous recommendation

There had been no change since the last visit. The service had appointed a new maintenance team to ensure the building supported the needs of people living there.

## Recommendation 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. - nutrition and hydration. - first aid. - dementia care and support. - adult support and protection. - behaviours that can challenge.

**This recommendation was made on 29 June 2015.**

### Action taken on previous recommendation

We saw some progress with the training plan. This is further discussed in the requirement section of this report.

## Recommendation 4

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 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.

**This recommendation was made on 29 June 2015.**

### Action taken on previous recommendation

The service has still to address this recommendation.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
16 Jun 2016	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
20 Nov 2015	Unannounced	Care and support Not assessed Environment Not assessed

Date	Type	Gradings	
		Staffing	Not assessed
		Management and leadership	Not assessed
29 Jun 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
24 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
15 Jul 2014	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
18 Feb 2014	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
1 Nov 2013	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
12 Jun 2013	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak

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