

# Care service inspection report

Full inspection

## Ashwood House Care Home Service

Leny Road  
Callander



HAPPY TO TRANSLATE

Service provided by: Mauricare Ascot Care Limited

Service provider number: SP2012011882

Care service number: CS2012310158

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

Residents and their families told us that they were very happy with the service at Ashwood House. Some staff have been working in the home for some time and families have confidence in them. Staff remain committed to ongoing development and to providing a comfortable home with good standards of care.

### What the service could do better

Plans are in place to improve the fabric of the building. The home was well tended although some areas need to be improved.

Investment in staff, through training and support needs development and we have commented on this aspect several times.

In the absence of the area manager, contingency plans were absent and this has had an impact on the required development of the home.

### What the service has done since the last inspection

There has been a further change in the management of the service at Ashwood. Recruitment of new nurses has ensured that all needs can be met.

The recent appointment of a maintenance team is welcomed by staff and residents.

### Conclusion

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

The new manager is well respected by residents, families and the staff team. We hope that the support and development of this manager needs to be addressed. Across the three care homes provided by Mauricare, we identified common areas for development.

# 1 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.

## 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](http://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 15 June 2016 between 1.00pm and 7.30pm and Thursday 16 June 2016 between 10.00am and 5.00pm. 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 but there was no self assessment returned due to the absence of the area manager. We talked to the manager, staff in the service and service users during our visits.

We sent questionnaires to service users and relatives and received two 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 five care and support plans.
- audits and quality assurance systems.
- information posted around the home.

We talked to the manager and senior staff on duty. We carried out a structured observation called the Short Observational Framework for Inspection (SOFI). This is designed to gather information about people's 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](http://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 the 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 service failed to submit a self assessment as requested due to the absence of key member of staff. We used the last inspection report as the basis for this inspection.

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

Residents told us they were happy with the care and support from staff at Ashwood House.

## Taking carers' views into account

'My relative has settled in very well and is happy and relaxed. They are looking well and have put on weight. The staff are very good with them and very caring. We are very pleased with their care. Thank you.'

'While the house is old fashioned, the staff do their best to keep smells down and cleanliness up, although this can be a challenge. I can trust this home to give my relative the best care in a homely atmosphere, with good food, cheerful and regular attention, with good results.'

## 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 of improvement reported under themes two and three are relevant to this statement.

We concluded that Ashwood House 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.

People who needed assistance were well dressed and attention had been given to their appearance. We saw that support had included attention to detail, such as earrings and necklaces in place for people. 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 services and health professionals. Relatives and staff feedback confirmed that advice and guidance had been 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 living in the home. We observed both the lunchtime and evening experiences for people using the dining room. We saw that staff were respectful in their approach and involved people in making their choices.

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

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 the issues we identified. This includes the evaluation of people's weights, food and fluid recordings and the way that changes in people's behaviours were monitored and assessed. The requirements made at previous inspections remain. (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 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.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011, Scottish Statutory Instrument 210 Regulation 3 -Regarding the principles of the Act and Regulation 4(1)(a) - Welfare of Users

Timescale: Evidence requested at weeks 6 and 12 from receipt of 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) Regulation 2011. Scottish Statutory Instrument 210 Regulation 4(1)(a) Welfare of Users.

**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 Ashwood House had met their expectations.
- met with relatives.
- considered the general environment.
- examined relevant documents.
- observed staff practice.

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

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

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 relative to identify someone they could talk to about any concerns, suggestions or ideas. We saw that information was posted in people's rooms.

Ashwood 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 unaware 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 completed. This means that 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 breaks 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 source.

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 and 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 at Ashwood House.
- considered the general environment.
- examined relevant documents.
- observed staff practice.
- considered the safety and protection of people living in the home.

We concluded that Ashwood 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 Ashwood House was a supportive and welcoming environment. Staff knew people well and this had a positive impact on the way people were encouraged and motivated in day-to-day life. We found the environment to be mainly comfortable.

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

Staff told us that people had access to a call bell system in all the bedrooms and communal areas to summon assistance as necessary.

Plans were in place for improvements to the fabric of the building. The manager told us work was due to start in July 2016. Staff had been appropriately recruited to ensure they were suitable to work with people who used the service. Staff we met told us about their responsibilities to keep people safe and report concerns or poor practice.



## Areas for improvement

Some of the seating and beds we saw in the home require replacement as we discussed with the manager. Changes to the way that maintenance staff are managed would enhance the impact of the maintenance service. We felt that work for the maintenance service should be controlled through the care management team.

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.

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 too ensure the safety of people living in the home. (See requirement 1).

Additional training for staff in areas including Adult Support and Protection and dementia care would improve the effectiveness of people's care.

## 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 all staff have access to regular training appropriate to the work they do and to meet people's needs. This must include staff who are competent in managing the safety of people in an emergency situation and in the 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 Act (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011, No 210 Regulation 14(b). Timescales: Within 4 weeks of receipt of this draft report

**Number of recommendations - 0**

### 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 Ashwood House.
- met with relatives.
- considered the general environment.
- examined relevant documents.
- observed staff practice.

We concluded that the service was performing at an adequate level for this quality 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.

We found that some of the people living in the care home were very attentive in the care of others. We saw lots of chats and concerns if someone was absent or needed help.

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.

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

Records and people confirmed that Ashwood House continued to arrange external activity and entertainment on a regular basis, including music and reminiscence group.

During our visit we saw that people were being entertained by visiting musicians. People clearly enjoyed the music event and we spoke with the manager about ways that personally meaningful music could further enhance people's lives (Playlist for Life).

### Areas for improvement

Some specific areas of the home had an offensive odour. The manager arranged for the furnishings, which held the odour to be disposed of and replacements ordered.

We spoke with the manager about the benefits of dementia signage in helping people find their way around the home. In particular, finding toilets and bathrooms can be made easier for some people when there is clear signage in position.

As the needs of all the people using the service change, further work should be carried out to promote 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.

### 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 provider's training systems.

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

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

- application forms.
- formal interviews.
- copies of relevant qualifications.
- two suitable references, including 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 some change in the care staff group over the years, but the established staff help to maintain a good foundation for people's care and for supporting new staff.

Discussions and records confirmed that moving and handling training happened before staff supported people. In some situations, more than one session was arranged to support staff's confidence. At Ashwood, the manager had started using a recognised assessment tool to measure that staff moving and handling practice was as expected. This was a positive development. People using the service spoke positively about the care and support they received and the quality of staff employed in the home.

### Areas for improvement

We spoke with the manager about the induction record for one new member of staff. The manager confirmed that the new staff member had English as a second language so we questioned the number of briefings about care practice that had been 'signed off' as completed satisfactorily. The manager agreed to confirm the competence of this new person before he confirmed that induction was complete.

We saw some documents had been retained in recruitment files that should have been destroyed under Data Protection legislation. The manager agreed to dispose of the documents and check that other files were clear.

New staff must apply to register 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 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 to be registered with any 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 September 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 provider's recruitment system and sampled staff files.
- met with members of the staff team, including a new member of staff.
- observed staff practice.
- examined a sample of staff training and development records.
- evaluated the providers training systems.

We concluded that Ashwood House was performing at an adequate level for this quality 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 with told us they had confidence in the staff team.

Staff told us 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 they were encouraged to talk about their training, support and development needs informally with the manager as well as in supervision meetings with the manager.

Since the last inspection there has been a change in the manager at Ashwood House. Staff told us they have confidence in this manager and are looking forward to developments in the service. The manager has recently completed his 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 the lack of staff knowledge and understanding.

At previous inspections, we have recommended that the service review their training plan as the needs of the staff and the 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 the last inspection remain. (See recommendation 1).

Care home staff in Scotland now require to register with the Scottish Social Services Council (SSSC). The aim of the SSSC is to raise standards of practice, strengthen and support social services workers and increase the protection of people who use services. It was a concern that staff employed for some time had not made applications to register.

The provider and management are required to ensure that staff have the required skills and competence to manage the safety of people in an 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 and skilled 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

Regulation 15(a) Staffing

Timescale: This requirement should be met within 16 weeks of receipt of the draft report.

### Recommendations

#### Number of recommendations - 1

1. 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 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 and management team.
- observed staff practice.
- examined a sample of staff training and development records.
- assessed relevant documents.

We concluded that Ashwood House was performing at an adequate level in relation to 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. The day staff we spoke with told us that they felt involved in the day-to-day decision making. We spent time with senior members of the care staff team. They told us there were more opportunities for staff training and new responsibilities. They were now leading on fire safety and wound care. We found staff to be committed and willing to develop their role in order to improve the safety and wellbeing of people living in the home.

The whole staff team understood the needs of the people living in the home were changing and support needs were increasing. Staff said they felt 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 new home manager is supported by the area manager and other managers in the group. All have demonstrated ongoing commitment to the development and improvement of the homes across the Mauricare group.

The area manager is highly regarded by the managers and the staff teams. Staff confirmed that their visits provided them with a chance to ask questions and hear about changes and developments.

We confirmed that senior care staff were appropriately registered with the Scottish Social Services Council or Nursing and Midwifery Council, as appropriate.

### **Areas for improvement**

Every aspect of the service relies on a process of assessment and review and we shared with management areas that senior care staff could lead on relative to their role and responsibilities. We discussed specific areas where people's care had not been evaluated as expected. It was acknowledged that additional training and increased delegation of responsibilities could further promote leadership values within the team.

The manager had identified that not all staff had the required skills and competence to meet the current needs of individuals. We shared our expectations with the management team and expect measures to be in place to enable staff to support people safely. This is reflected in the requirement and recommendation made under theme 3.

### **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 verified some information contained in information sent to us and considered progress made in relation to the areas for development identified at previous inspection visits.

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

Staff knew people and their visitors well and these relationships within the home enable people and relatives to share their opinions and feel able to comment on their experience of the service. People in the home and the relatives we met were confident that the service would respond to comments or concerns.

Staff told us that individual and group meetings allowed them an opportunity to comment on what the service did well and suggest ways that they could improve. Managers had an understanding of the development needs of the service.

### Areas for improvement

Relatives had been asked their opinion on the quality of the service. Comments were mostly positive. The manager should now develop his plan taking account of the views given.

The manager undertook some audits to check the quality and safety of the service. We found that some of the audits did not pick up risks to people due to the way the information was evaluated. We shared specific examples with the management, including fluid records.

We found that care staff had limited knowledge about how audits could change day-to-day practice. We concluded that it was not practical or sustainable for the manager not to share this responsibility. The provider should ensure that 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 across the homes the managers require support and training as they develop into their roles. (See requirement 2).

## Grade

3 - Adequate

## Requirements

### Number of requirements - 2

1. The provider must identify when there is a significant change in a service users' 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 5(2)(b)(ii). 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 individuals' needs are updated regularly and as an 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.

**This requirement was made on 09 December 2014**

Changes in managers had held progress back. There is a lot of work to be done by the current manager and this requirement is continued in this report.

### Not Met

2. The provider must ensure that all staff receive training appropriate to their role and are assessed as competent. This should include mandatory training and training relevant to the needs of the service user group. The training plan should be developed to address collective and individual training needs identified through a process of staff supervision and appraisal.

The provider is required to ensure that there are adequate resources available to enable planned training to take place.



Evidence of the implementation of a programme of supervision, appraisal, training and assessment of competence must be sent to the Care Inspectorate.

**This requirement was made on 24 March 2015**

There has been some recent progress on this requirement and we have continued with the requirement in this report.

**Not Met**

**3. 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 individual needs.**

The management team should use good practice guidance for example Beyond Life Histories to inform practice around promoting all aspects of the home. Importantly services should evidence that this feedback has informed decisions about the service, care provision or development.

**This requirement was made on 29 June 2015**

There was little evidence that progress had been made. The new manager is asked to progress this requirement.

**Not Met**

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

### **Previous recommendations**

**1. There needs to be more effective use made of lighting to help maintain and improve orientation in line with best practice and evidence based research.**

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

No progress but this has not been a priority for this inspection. The provider has refurbishment plans in place which he said will address this recommendation.

## 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
20 Nov 2015	Unannounced	Care and support Not Assessed Environment Not Assessed 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 Management and Leadership	3 - Adequate 2 - Weak
15 Jul 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 3 - Adequate 3 - Adequate
18 Feb 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 2 - Weak 2 - Weak
1 Nov 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 2 - Weak 2 - Weak
12 Jun 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak

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