

# Ashley Court Care Home Care Home Service

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Edinburgh  
EH10 5LH

Telephone: 0131 447 2345

**Type of inspection:**

Unannounced

**Completed on:**

11 December 2018

**Service provided by:**

Randolph Hill Nursing Homes (Scotland)  
Ltd

**Service provider number:**

SP2003002451

**Service no:**

CS2003010612

## About the service

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Ashley Court experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

Ashley Court is a care home for older people and was registered with the Care Inspectorate in April 2011. It is registered for 57 places and has nurses and carers who support and care for people. The provider of the service, Randolph Hill Nursing Homes (Scotland) Ltd also has other care homes across Scotland.

Ashley Court is in Craighouse Terrace in the Morningside area of Edinburgh. There are accessible local amenities and transport links to the city centre and outlying areas. The accommodation includes 56 bedrooms of varying sizes (some suitable as a double room). The provider offers standard, premium and deluxe bedrooms all with en suite facilities.

The rooms are over 3 floors which have stair and lift access. Additional amenities include dining rooms and sitting rooms on all floors. There is a hairdresser and communal space with a secure garden accessible on the ground floor.

The services aims and objectives include:

"Our residents are at the centre of everything we do. This is our core philosophy, and the culture of our nursing homes."

You can find out more about the home by going to their website, <https://www.randolphhill.com/our-homes/ashley-court>

## What people told us

We spoke to 35 out of the 55 people living in the home, 10 relatives/friends, 13 staff and 2 visiting professionals during the inspection. We received responses to questionnaires from 9 residents and 5 relatives.

People experiencing care commented on a range of things, overall they felt staff were kind and caring and the facilities in the home were good. Comments included:

- "Ashley Court is nice and clean. I feel safe".
- "On a rare occasion we have to wait for attention, otherwise it is very good".
- "Care and support is very good from staff".
- "Shortage of staff - busy all of the time".
- "Most staff are good".
- "Very happy with Ashley Court and its staff who seem to be genuinely fond of the residents". (relative)
- "Staff genuinely care about my relative and I trust them". (relative)

Other comments are highlighted in the report along with comments from staff that we spoke to.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**4 - Good**

We evaluated how people's wellbeing was supported and concluded that there were important strengths and some areas for improvement.

Staff were kind, caring and compassionate when supporting people. The quality of care and support was very good. People spoke fondly about the staff;

"Some of the carers are outstanding ....*carers name*....is so very kind and caring and he has trained up new staff very well"

"I can't speak highly enough about the staff; I trust them completely. We have so much fun in the home. Staff are so caring; always have a smile" (relative)

Three people chatted about their experience of living in the home and agreed:

"We've nothing but praise for this place"

Some people said that staff could be very busy and some, including agency were not as nice as others. We discussed using the new Health and Social Care standards for staff supervision, training and recruitment, to promote the principles of care. The standards illustrate the experiences people can expect and promote innovative practice that supports people to experience excellent care. When using agency staff the manager could also insist the staff are familiar with the standards.

Staff were offering support to help people to try to get the most out of life. There was a calm, warm atmosphere and several people spoke about the new friends and fun they had in the home.

"I can't remember where I'm going, but I'm off on a bus trip this afternoon. What matters to me is I'm going out!" (resident)

Getting more out of life was something we felt staff could encourage. When we asked people about their aspirations and wishes they didn't expect much;

"I hadn't thought about getting support to go out and do some of the things I used to enjoy.....would that be possible?"

Access to additional support would help people to get more out of life. This may include support to employ a personal assistant, or exploring the use of new technology that can encourage people's independence.

Several people felt they missed eating out in the evening. While getting out to restaurants would be important; it may be possible for the chef and staff to have one evening each week where they turn a dining room into an intimate restaurant with themed menus that people could book a table at.

Promoting people's right to make choices and take informed personal risks, and supporting them in their choices is important to help improve care and support.

**(See area for improvement one).**

Nurses completed health assessments and worked with external agencies to promote people's health. These assessments informed a care plan that was kept in the office, with shorter plans in the person's room. Some people who had difficulty speaking had support plans in their room that facilitated better communication with people they didn't know.

Support for people who had dementia and who enjoyed walking was discussed. Some people spoke about people wandering into their room. While those we spoke to were not overly worried, one had experienced conflict as a result of this. The manager acknowledged they were trying to manage this better and were trialling several strategies to improve things for everyone. This included making the garden safer and more accessible for people to independently walk in. Supporting people to get out more is important, a daily walk, fresh air and

exercise was something that several people felt would be beneficial to them. This relates to area for improvement one.

People spoke about the meals,

"It's lovely here. The food is very good, too much really"

Assessments considered risk of poor nutrition. In the next section the approach to assessment and care planning is evaluated.

## Areas for improvement

1. To make sure people get the most out of life and are healthier, asking them about lifestyle preferences and aspirations and supporting them to achieve these is important.

This should include, but not be limited to:

1. Helping people do things that matter to them, for example, helping accessing regular additional support over and above that provided by the home. Advocacy or a befriender may help ensure access is appropriately planned and financed.
2. Making the most of the enclosed garden area by implementing the planned changes to make it more even and easily accessible to everyone.

The Health and Social Care Standard's principle of wellbeing state:

- \* I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- \* I am encouraged and helped to achieve my full potential.
- \* I am supported to make informed choices, even if this means I might be taking personal risks.

The standards also say:

I am confident that people are encouraged to be innovative in the way they support and care for me. **(HSCS 4.25)**

I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. **(HSCS 5.1)**

I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate. **(HSCS 5.9)**

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

4 - Good

We evaluated that assessment and care planning was good, particularly the short plans within people's rooms. There were some improvements that would mean people were more involved in influencing the plan to include their wishes and aspirations, as well as their needs.

Nurses completed good comprehensive health assessments and risk assessments; however, the process and reviews were driven by a system that sometimes meant people's re-assessments were considered at set times. Quality assurance systems measured if repeat assessments had been done, even when people had no need for repeat assessment because planned care was appropriate.

The assessments were used by nurses to develop people's care plans which tended to focus on needs. The plans were kept in the office. The short plans in people's rooms also tended to focus on needs, often repeating what was in the nurses' plan. Some people had folders in their rooms that captured social activities and events like trips out and birthdays. We suggested developing these as a keep sake, creating lovely memories and triggering discussion about other things they might like to do. This could inform the care plan. One person, when prompted to think about things they'd like to do said:

"I was a keen gardener".

There was no planned support to help them pursue this.

People didn't know about their care plan and therefore had less opportunity to make sure important things were in it;

"I don't really have much choice over when I get up, I have to fit in with the routine, it's to be expected as there are so many of us".

While systems and routines around care planning are important, letting people's needs, wants and aspirations influence care planning would be an important improvement. Using the plans in people's rooms as a starting point for development, any repetition and systems rather than person driven approaches should be reviewed.

Encouraging involvement of the person and people important to the person would be a way of making the plan a dynamic document; making it a means of communication between people important to that person. The meaningful and measurable work available at the personal outcomes collaboration could help develop planning and recording systems that reflect what is important to people, available at

<https://personaloutcomescollaboration.org/>

**(See area for improvement one)**

## Areas for improvement

1. To make sure people's planned care reflects needs and wishes that are important to them they should be involved and central to planning care and support. The plans should only cover their needs and wishes and be

concise and easy to read. Daily review of care should include those important to the person so that the care plan becomes a dynamic document. Systematic approaches that dictate assessing and planning care that is not required should be removed so care and support reflects people's needs and wishes, not policies and processes. The plans should include, but not be limited to supporting people to:

- A) maintain hobbies or develop new ones which may involve positive risk taking;
- B) be as independent as possible which will involve risk enablement;
- C) highlight what is important to them and understand care that staff feel must be included in their plan; and
- D) feel safe and well supported as well as cared for.

The Health and Social Care Standards states:

I am supported to participate fully as a citizen in my local community in the way that I want. **(HSCS 1.10)**

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly, and when my needs change. **(HSCS 1.12)**

My future care and support needs are anticipated as part of my assessment.

**(HSCS 1.14)**

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. **(HSCS 1.15)**

I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. **(HSCS 3.22)**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	4 - Good

5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good
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