

Ashley Court Care Home Care Home Service

33 Craighouse Terrace
Edinburgh
EH10 5LH

Telephone: 0131 447 2345

Type of inspection:

Unannounced

Completed on:

22 January 2020

Service provided by:

Randolph Hill Nursing Homes (Scotland)
Ltd

Service provider number:

SP2003002451

Service no:

CS2003010612

About the service

We used the quality framework for care homes for older people and the Health and Social Care Standards (HSCS) 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. 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. At the time of our inspection there were 48 people living at Ashley Court.

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 55 bedrooms of varying sizes. The provider offers standard, premium and deluxe bedrooms, all with en-suite facilities.

The rooms are over three 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

Prior to the inspection we sent out Care Standards Questionnaires to people who lived at Ashley Court and to relatives of people who lived at Ashley Court. We received 14 questionnaires from people. Overall, most people agreed that they were happy with the care and support they received. One person said "Staff excellent and domestic staff keep the premises immaculate", though another person said "(the staff) often appear to be too busy to have such discussions".

We received two completed questionnaires from relatives. Both relatives agreed that their relative was treated kindly and with dignity and respect. However, one relative said, "I'd appreciate more discussion on Mum's care". Another relative said "no formal reviews held".

During the inspection we spoke to 26 residents, nine relatives, eight members of staff plus two visiting health professionals.

Relatives said, "100% delighted", "food excellent", "rooms always clean", "staff feel like an extended family". One relative said "has to wait on toilet sometimes - staff don't always get there quick enough".

The visiting health professionals were complimentary of the service and felt the service responded positively to advice given.

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 the service's support for people's well being as good.

We saw very good spontaneous interactions between staff and people who lived at the service. These interactions were warm, nurturing and enabling. A person who used the service said ""(It was) a wise decision to come here, they are attentive, they really are. They look after an old dear very well". We observed staff to be kind and caring and responsive to people's needs. People had confidence in staff and felt safe.

People's rooms and belongings were treated with respect, which gave us confidence about how people would receive care and support from the service - with dignity, respect and compassion. Having a good regard for people's belongings and space also tells us that the service promotes people's individual identity. It is especially important for people living with dementia that staff maintain people's identity as much as possible, so as to promote people's well being. We observed staff did this well.

Meal times were at the pace that was right for people and in the place that was right for people. If people needed or wanted their meals in their rooms, this is what occurred. This tells us that choice and ensuring that people's needs are met was important for this service.

Mostly, we found that people got the most out of life. The activity team was made up of several enthusiastic, hard working and skilled staff. They worked to respond to people's individual needs by making group activities much smaller in nature than previously.

Overall, people were very happy with the activities. One person said "The activity team should be recognised for the entertainment and for the wonderful job they do, for the patience which they have and for their sense of humour".

Seven out of 14 people who completed the questionnaire told us they were bored, and nine people were lonely. We found that several people were cared for in bed. We asked the service to ensure that everyone's needs were met so that people got the most out of life. We have asked the service to review the needs of these people, as we found that this group of people did not get the same opportunity to get the most out of life. We appreciated that the service had increased the dedicated time for people cared for in bed. However, the service now needs to continue this improvement and consider different approaches to meeting outcomes for people in bed as opposed to people who were more mobile. We have repeated this area for improvement from the last inspection.

In people's rooms there were lots of photos in scrap books of enjoyable times people had experienced. This was good to see and helpful for relatives to know what people are involved in whilst living at the service. Plus, this is a good conversation starter for new staff or visitors, helping people feel included and promoting good relationships.

People's health very much benefited from the care and support that they received. People received their medication as prescribed, people who were at risk of losing weight were putting weight on or maintaining their weight. Where there were concerns about people's skin, this had also improved due to the steps taken by the service and competent staff.

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 reflected people's needs and wishes well.

We could see that needs and wishes were mostly written down, though found that care plans could have benefited from more detail on people's preferences. Overall, staff knew people's preferences, but this was not always translated into the care planning.

Recording in care plans could be improved by being more focused on outcomes for people. Also, recording generally could be improved by organising care planning to focus firstly on people's well being and what matters to people, as opposed to task centred practices.

We have repeated the area for improvement in this area from the last inspection.

We would expect that every person had their care needs reviewed every six months. The service acknowledged they were slightly behind in this task. It is important to ensure that this is completed within timescales so that the service can be sure that they are providing for people's care and support in a way that is right for them. This is especially the case when people have no family or significant other to advocate on their behalf and may have difficulty in making their wishes known.

We saw that people often were accompanied by a family member during a care review. If a family member is not attending, it would be good to state clearly that the relative had been asked. If the relative/significant other cannot attend, then it is recorded what steps have been taken to accommodate the relative's/significant other's contribution.

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 that 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 state:

'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)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area 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.

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'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)

This area for improvement was made on 11 December 2018.

Action taken since then

Group activities had become smaller and therefore more individually focused and there was dedicated one-to-one time for people each week. However, these improvements could be developed further.

Previous area for improvement 2

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'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)

This area for improvement was made on 11 December 2018.

Action taken since then

Some wishes and preferences could be seen, though this could be developed further.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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	5 - Very 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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