

Ashley Court Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Randolph Hill Nursing Homes
(Scotland) Ltd

Service provider number:
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Service no:
CS2003010612

About the service

Ashley Court is a care home for older people. It is registered for 50 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 42 people living at Ashley Court.

Ashley Court is 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.

At the time of our inspection, internal alterations were being made to some areas of the building. In the main, this had limited impact on people, and although appropriate arrangements had been made regarding the safety of residents, there were aspects where this could potentially have been enhanced further.

The service's 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 obtained the views of nine people experiencing care. We also received comments from 10 relatives on their views about the quality of care delivered to their loved ones.

Views from people were mixed. Whilst positive comments were made by people about the caring staff and the environment, others felt improvements could be made, especially in relation to activities, isolation and keeping the mind and body active.

Comments included:

"I love living here. The staff are very kind and caring. Plus I have brilliant views across Edinburgh."

"The staff go out of their way to make me feel comfortable."

"I enjoy going out on the mini bus visiting places I would not usually be able to do."

"I find myself being bored with very little to do during the day to keep my mind active."

"I would like to be able to do more during the day, ideally with other residents. I find I often sit and watch the day go by."

"I would like it if the staff could spend more time talking with me."

"I must say all the staff are lovely and cannot do enough for me. They are all caring and nothing is a problem to them. I think I am very lucky being here."

"Both my mum and the whole family have been hugely supported by all the staff at Ashley Court. Nothing has been too much trouble...."

"I have always been able to contact the home when I have concerns and staff have been very open and quick to respond to any query I may have."

"They (staff) are certainly rushed and don't always have time to talk. Care is rushed. You can tell they are under a lot of stress."

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 care and support during the COVID-19 pandemic?	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

Overall, we evaluated how well staff supported people's wellbeing as good. There were several important strengths which, taken together, clearly outweighed areas for improvement. However, improvements were needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

1.1 - People experience compassion dignity and respect

There were warm and supportive interactions between people and staff. Strong relationships with staff had reduced in the past year due to the staff turnover and the use of agency staff. Having consistent staff supports improved welfare for people.

We spent time observing how people interacted with others and staff. We saw positive interactions which demonstrated that people were treated with dignity, respect, and genuine affection.

Some of the people we spoke with would like more engagement in conversation from staff other than just care task focused discussions, as this would support their anxiety about feeling alone.

Due partially to the health needs of people, some remained in their beds with their bedroom doors propped open. It was unclear to us as to whether this was a personal choice or not, as it did not provide people with much privacy. This should be further explored by the manager.

1.2 - People get the most out of life

Opportunities for meaningful activities for people was sporadic and were dependent on staff available to support them. We felt more could be done to stimulate people to use some of the communal areas of the home, including the lounge and dining area to improve outcomes for people.

Meaningful activity should be available for each person, responsive to their needs, wishes and choices and to ensure that they have every opportunity to participate. Although a weekly activity schedule had been planned, this was limited in terms of content and often involved people attending the onsite hairdressers, a drinks trolley, or a time for relatives to visit. Minibus outings were being held, exploring local towns and villages; however people were restricted with not being enabled to leave the minibus to stretch their legs and engage more in the local community. Due to the ongoing building work, people also had limited access to the garden.

Whilst we acknowledge the impact the Covid-19 pandemic has had on some activities and the need to keep people as safe as possible, this should be better balanced with the quality of life, wishes, aspirations and experiences people would like to achieve. Therefore, the provider should engage with people more to develop person centred activity plans that offer safe opportunities and are non-restrictive. Please see area for improvement one.

1.3 - People's health benefits from their care and support

Staff were responsive to people's changing health needs and used external professional services appropriately. Relatives spoke positively about the care their family members received.

The service was performing well in terms of the oversight and support of people's weight monitoring, fluid intake (where appropriate), falls prevention and skin integrity. The director Nursing Homes Operations was provided with regular reports on the progress people were making.

The content and detail of personal plans was not consistent. Whilst some were written with people to a high standard, others were not and did not always clearly reflect people's health and wellbeing needs and preferences. There was a lack of relevant information that would lead and guide staff in a consistent manner. There was recognition from the manager to further develop peer support of staff who support people to write their personal plans to achieve improved consistency.

The approach to anticipatory care planning should also be further improved. Although people (and their relatives) were asked for their preferences in a questionnaire style format, this often lacked detail and again would not support staff to provide end of life care to people in a consistent way. In addition, there was also a lack of Covid-19 specific care plans for people should they be in a period of isolation. This resulted in staff not being clear and having direction about how to support people should an outbreak occur. (Please see area for improvement two).

It is important for the health and wellbeing needs of people to receive their medication as prescribed with robust recording of medication administered. We had been made aware of several errors occurring, potentially impacting on people negatively. However, the manager was working well with staff to address this and minimise the errors as much as possible through observations of practice and re-training. We sampled medication administration records (MARS) including that of any controlled drugs and found these were kept in good order. We will continue to monitor this area at further inspections.

We observed people being supported at mealtimes. Good care and support was provided to people who chose to eat in their bedrooms. However, in the main dining areas, there were periods of up to eight minutes where staff were not present. The absence of staff posed a potential risk to people needing assistance in terms of both eating and with their mobility. The manager should ensure staffing levels are at an appropriate level and in areas of the home where people can request assistance should it be needed. (Please see area for improvement three).

Areas for improvement

1. In order to improve people's physical and mental wellbeing, the provider should review the way in which activities are organised and planned with people. This should focus on developing more person-centred activity plans with people, considering the quality and amount of physical and social activity made available for people, within and outside the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical, and learning activities every day, both indoors and outdoors.' (HSCS 1.25)

2. The provider should ensure care plans including anticipatory care planning is developed and clearly documented to reassure people that staff know how to care and support them in a consistent way. In addition, care plans should also incorporate agreed guidance on how to support people if in a period of isolation, should an outbreak occur.

This is also to ensure care and support is consistent with the Health and Social Care Standards which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty'. (HSCS 3.18)

3. The provider should ensure appropriate staffing levels are maintained during mealtimes to ensure anyone who may need assistance and support is able to access it. Any support is reflective of their wishes and safety in a dignified way.

This is also to ensure care and support is consistent with the Health and Social Care Standards which state: If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected. 3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. 3.15 My needs are met by the right number of people.

How good is our care and support during the COVID-19 pandemic?

4 - Good

Overall, we evaluated how good is our care and support during the pandemic as good. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. However, improvements were needed to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

KQ 7.2 - Infection prevention and control practices support a safe environment for people experiencing care and staff

The home was clean, and staff worked hard to keep it that way. Staff carrying out housekeeping and cleaning were familiar with required environmental and equipment decontamination processes specific to the Covid-19 pandemic.

Staff were able to recognise and respond to people in the event of suspected or confirmed cases of Covid-19, including following local reporting procedures and contacting local Health Protection Teams. Regular Lateral Flow Testing by staff was taking place. This would help to prevent the spread of infection should an outbreak occur.

There was sufficient supply of Personal Protective Equipment (PPE) and staff were wearing PPE correctly, helping to keep people safe. The arrangements for the safe disposal of used PPE should be improved as the practices were not sufficient to reduce the risk of cross infection. Pedal bins should be purchased and positioned at regular intervals within the home, including corridors, communal areas and bathrooms. Appropriate risk assessments should also be completed to ensure these measures continue to keep people safe. (Please see area for improvement one).

Staff needed to improve their hand hygiene and be more attentive to offering people the opportunity to clean their hands throughout the day, particularly before meal and snack times. There were missed opportunities for hand hygiene.

KQ 7.3 - Staffing arrangements are responsive to the changing needs of people experiencing care - - Adequate

Our focus in this inspection area was to establish if staff had the right competence, knowledge, and skills to support people in relation to Covid-19.

Dependency assessments were completed to help inform staffing levels. Staffing arrangements were sufficient to meet people's care needs. A staffing contingency plan was in place.

Staff had received appropriate training to support people safely during the Covid-19 pandemic and records reflected this. Ongoing refresher training was taking place.

Although staff told us that there was good communication within the staff team and from management, there was a lack of staff team meetings and supervision meetings taking place to have practice related discussions. The manager was aware of this and was implementing various measures.

Areas for improvement

1. The provider should enhance existing Infection Prevention and Control measures regarding the safe disposal of used PPE. This includes, but is not restricted to pedal bins, located at regular intervals within the home and/or in people's bathrooms.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

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.

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)

This area for improvement was made on 22 January 2020.

Action taken since then

Whilst we recognised the challenges present during the Covid-19 pandemic, we assessed that improvements could still be made for the positive outcomes of people. We have therefore repeated this area of improvement.

Previous area for improvement 2

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)

This area for improvement was made on 20 January 2020.

Action taken since then

Care planning was inconsistent in terms of detail and quality.

Other areas of care planning, e.g. anticipatory care planning should be further developed into a care plan rather than a questionnaire. We have highlighted this further within the body of our inspection report.

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	4 - 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 good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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