

# Ashley Court Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
20 December 2023

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

**Service provider number:**  
SP2003002451

**Service no:**  
CS2003010612

## About the service

Ashley Court Care Home 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.

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 provider offers standard, premium and deluxe bedrooms, all with ensuite facilities. The bedrooms are over three floors, which have stair and lift access. Each floor has its own dining rooms and sitting rooms. The ground floor leads to a secure garden, which is accessible from the conservatory.

At the time of our inspection there were 44 people living at Ashley Court.

## About the inspection

This was an unannounced inspection. We visited the care home between 12 December 2023 and 18 December 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 19 people living in the home or their representative
- spoke with 12 staff and management teams
- observed staff practice and daily life
- obtained feedback from visiting professionals
- reviewed a range of documents.

## Key messages

- People were supported by a staff team who knew them well and were committed to promoting their wellbeing.
- People had access to meaningful activities, which promoted their health and wellbeing.
- Quality assurance systems led to improvements within the care home.
- Staff would benefit from more regular opportunities to reflect on their practice, linked to learning from training and feedback from observed practice.
- People benefitted from a high quality homely environment, which promoted their independence and meaningful connection with those important to them.

## 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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
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 this key question as good, where several strengths had a positive impact on outcomes for people and clearly outweighed areas for improvement.

People experiencing care benefitted from fun, jovial interactions with staff. While staff demonstrated commitment to promoting people's rights, there were a few occasions when language used undermined this. As a result, there were some missed opportunities for staff to promote trusting relationships with people, especially at night time. Staff would benefit from group sessions exploring dignity, compassion and respect, to maintain the high standard of communication observed most of the time. **(See Area for Improvement 1)**

There was a dedicated team of activity workers, who spent time getting to know people and establish their likes and hobbies. Activities were planned around individual interests, to ensure they were meaningful and enjoyable for the person. People told us they particularly enjoyed singing and trips out on the bus. Staff evaluated people's enjoyment of activities with them and reviewed this information when planning future events. Group-based activities took into account people's abilities and strengths and people were supported to participate in ways they were able. Staff made the most of times between tasks, playing games with people who experience care, singing and dancing. This supported people to get the most out of life.

Effective processes were in place to monitor people's health. People were supported promptly to access the right care and treatment during changes to their health or mobility. While we identified some inconsistencies in staff's completion of charts and notes detailing care tasks completed, managers had implemented an action plan to make the necessary improvements. We were confident these would continue to promote people's wellbeing.

People were involved in discussion about their preferred meals, snacks and drinks. Staff were knowledgeable about people's specific dietary requirements. Good processes were in place to monitor people's food intake, which meant any concerns were addressed quickly. Mealtimes were relaxed and people were supported to eat where they wanted to. Food was tasty and well presented. People who experience care spoke very positively about the meals. Comments from people included, "the food is lovely" and "dinner is first class".

Records of administration of prescribed medication were well organised and accurately completed. When medication was given to support people experiencing stress and distress or pain, this was recorded well. Information to guide staff on when to administer as needed medication was clear. People could be confident that they were supported safely with their medication needs.

### Areas for improvement

1. To ensure people who experience care are confident that staff continue to promote their rights, the provider should arrange development sessions for all staff focusing on dignity, compassion and respect.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

**How good is our leadership?****4 - Good**

We made an evaluation of good for this key question, as several important strengths taken together clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

There was a consistent stable management team at Ashley Court, which enabled senior staff to have a strong understanding of the strengths within the service and a good awareness of where improvements were still needed.

Managers in the home ensured that they were visible and available to staff, visitors and people who were living at Ashley Court. This meant that they could model good practice within the staff group, maintain an overview of day to day matters within the home and be present to speak with people living in the home and their visitors.

There were established systems in place to audit and monitor the quality of the service, which were overseen by senior managers. These audits were valuable in helping managers to identify what could be improved and to carry out action plans. This could be improved by regular monitoring, to ensure that agreed improvements had taken place. We encouraged the manager to adopt a more consistent approach to following up on these actions.

There was a good overview of staff supervision arrangements and this was supported by observations of staff practice. These were not consistently scheduled however and a more planned systematic and regular approach to this, particularly to incorporate interactions with people living at Ashley Court, would improve this.

**How good is our staff team?****4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were recruited in line with best practice. Necessary checks were in place prior to new staff starting. Interview questions and recording of interviews clearly evaluated candidates' suitability for the role, with a strong emphasis on values. Staff were clear on their roles and responsibilities to register with the Scottish Social Services Council (SSSC). People who experience care could be confident that staff in the service were safely recruited.

All new staff completed induction training and shadowing, with regular opportunities for reflective discussion after their practice was observed. There was a clear structure of learning for all staff. However, uptake of electronic learning courses had been slow since the provider changed to this format for learning in early 2023. While there were a variety of reasons for this, improvements were needed to ensure that staff had the necessary refresher training to continue to provide a high standard of care. **(See Area for Improvement 1)**

Staff had some opportunity to reflect on their practice through supervision, team meetings and informal discussions. A more planned systematic approach to supervision directly linked to training and observations of practice, would provide more regular opportunity for staff to reflect on and improve their practice. **(See Area for Improvement 1)**

## Areas for improvement

1. To ensure staff have the knowledge and skills to meet people's assessed support needs, the provider should develop existing staff training, supervision and observations of practice, to ensure these provide sufficient opportunity for staff to develop and reflect on their practice.

This should include but not be limited to, ensuring that supervisions and observations of practice are planned, recorded and evaluated and link into staff development plans.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states: '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.' (HSCS 3.14).

## How good is our setting?

**5 - Very Good**

We found significant strengths in aspects of the care that was provided and how these supported positive outcomes for people. As a result, we evaluated this key question as very good.

People benefitted from a welcoming, warm and comfortable environment with plenty of fresh air, lots of natural light and space. The environment was relaxed, very clean, tidy and well looked after. Fresh flowers and other homely touches helped to make the home very welcoming.

There were effective systems in place which ensured that the environment was well maintained, including thorough maintenance checks to ensure that equipment can be safely used. All staff had a good knowledge and understanding of their roles and responsibilities in relation to keeping Ashley Court clean, tidy and homely.

The design and layout of the home promoted and encouraged meaningful connections between people and their families and visitors. This included access to smaller kitchens to make tea and coffee which were well used by visitors and people who lived at Ashley Court.

People's bedrooms were personalised and people could choose private or communal areas to spend their time. Married couples living in the home were supported to maintain their privacy and have their own space with a bedroom and dining/sitting room. People living at the home and their families were able to help decide on options for redecorating. There were clear signs which were designed to help people living with dementia to find their way around. As a result, the setting promoted people's independence and enabled people's choices to be respected.

The garden was well maintained, with access to a conservatory. These had been redesigned using a specialist good practice tool. People were able to move around as they wished and care plans had information about how to enable people to move around the care home freely.

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as good, where several strengths had a positive impact on outcomes for people and clearly outweighed areas for improvement.

Personal plans were up to date with relevant information to guide staff about individual care needs. Plans were informed by considerations of how to enable people to live as well as possible in the context of risk which affected them. More in-depth support plans were in place for specific risks or care needs. However, they were not always clearly linked to the main personal plan. The manager was aware of this and systems for newer or recently updated plans had improved to ensure all information was easily accessible and understandable.

Personal plans contained good personalised information, giving a strong foundation to get to know the person. Some changes to personal plans were handwritten and some information was very difficult to read. On these occasions people's support needs were not immediately clear. The manager's own audits had identified where this was an issue and work was ongoing to remedy this.

Personal plans contained detailed information on people's preferences for end of life care. People could be confident that staff had the necessary information to respect their rights and wishes at the end of their lives.

Reviews involved people who experience care and their families. Records of review meetings showed that people's outcomes were meaningfully evaluated, to ensure that care and support worked towards meeting them. People could be assured that reviews informed their personal plans and promoted care that was responsive to their needs and wishes.

## 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

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 (HSCS) 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).

**This area for improvement was made on 24 February 2022.**

#### Action taken since then

Each person was supported to complete a questionnaire about hobbies and interests. These fed into activity plans, which were based on personal interests. Please see the section of this report entitled 'How well do we support people's wellbeing' for more information.

**This area for improvement is met.**

## Previous area for improvement 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 to ensure care and support is consistent with the Health and Social Care Standards (HSCS) 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).

**This area for improvement was made on 24 February 2022.**

### Action taken since then

Personal plans included anticipatory care plans which detailed people's wishes for care at the end of their lives. Personal plans detailed people's nominated visitors should visiting be restricted for any reason.

Please see the section of this report entitled 'How well is our care and support planned' for more information.

**This area for improvement is met.**

## Previous area for improvement 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 to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34); and

'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.' (HSCS 3.14); and

'My needs are met by the right number of people.' (HSCS 3.15).

**This area for improvement was made on 24 February 2022.**

### Action taken since then

People were supported promptly and sensitively during mealtimes. The manager regularly completed audits and observations of people's mealtime experience and adjusted staff numbers accordingly.

**This area for improvement is met.**

## Previous area for improvement 4

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 (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This area for improvement was made on 24 February 2022.**

#### **Action taken since then**

Processes were in place to ensure the safe disposal of PPE. Infection prevention and control measures were sufficient and promoted people's wellbeing.

**This area for improvement is met.**

## 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	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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