

Ashley Court Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
4 November 2025

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.

43 people were using the service at the time of our inspection.

About the inspection

This was an unannounced inspection which took place between 28 and 30 October 2025. We were on site between the 28 and 29 October and reviewed evidence remotely on 30 October. We provided feedback to the manager on the 4 November 2025.

The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with 17 residents and 11 of their relatives.
- Received responses from three residents and 16 relatives via our online questionnaires.
- Spoke with 10 staff and management. In addition to responses from seven staff from our online questionnaires.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- Staff consistently demonstrated a strong sense of responsibility and genuine compassion in their interactions with residents.
- Residents regularly expressed appreciation for the high quality of support provided by staff.
- Care plans were personalised and maintained to a good standard, reflecting individual needs and preferences.
- Management oversight was effective and supported by robust quality assurance systems.
- The inspection included a review of the service's self-evaluation, which was thorough and aligned with our findings. A well-developed improvement and development plan was in place.
- While a broad range of activities was available for residents, there was an opportunity to introduce more physical activity-based options, to promote movement and enhance physical wellbeing.
- We identified a need to review the deployment of care staff throughout the home, to ensure residents' care needs were consistently met and opportunities for meaningful engagement are maximised.

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 overall, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Residents received warm, compassionate care supported by positive relationships between staff and residents. This nurturing environment empowered individuals to pursue and achieve personal goals. One relative said to us:

"The kindness and caring shown to my mum is better than I could have wished for".

Staff demonstrated a strong understanding of each resident's needs, guided by comprehensive and up-to-date care plans reflected their health and wellbeing. This gave residents confidence in the knowledge and consistency of the care they received.

For individuals at risk of falling, personalised assessments helped staff implement preventative measures. The manager maintained robust systems to analyse incidents, including falls, identifying patterns and trends to reduce future risks.

Clinical oversight of care and nursing needs was of a good standard. Staff responded appropriately and worked collaboratively with external health professionals when necessary. Relatives spoke positively about the care their loved ones received.

A new electronic system for recording medication administration was recently introduced. This system was expected to improve accuracy and support clearer audit processes. While we were confident medication was being administered correctly, supported by robust internal and external audits, staff had encountered some technical challenges. These were being addressed as part of an ongoing learning process. We will continue to monitor this development in future inspections.

Our observations revealed occasional delays in responding to residents' care needs, particularly during peak times. There was a need to review staff deployment and ensure appropriate staffing levels. Further commentary on this is provided under Key Question Three - Staffing.

Residents benefited from a varied monthly activity programme, including in-house events and community outings. Activities featured therapeutic pet visits, music, and entertainers. Most residents appreciated the range of options, including access to a wheelchair-accessible vehicle for family outings. However, some residents and relatives felt more could be offered, particularly for those who were more isolated due to health or mobility challenges.

We recommended activity staff adopt a more balanced approach to physical movement in daily routines, to better support residents' physical wellbeing. The manager should refer to the Care Inspectorate's Care About Physical Activity (CAPA) programme as a guide for embedding movement into everyday care. See Area for Improvement one.

Overall, feedback from residents and their families reflected good levels of satisfaction with the care provided. One relative shared:

"My mother's health and wellbeing improved a lot after entering this home".

Whilst another told us

"I struggled with the decision to place mum in a care home I now know that the care she has here could not have been replicated at my home . I am 100% sure I have made the correct decision for my mum".

Areas for improvement

1. The manager should ensure all people are encouraged and supported to participate in meaningful activities if they choose to. This includes people who may be less mobile or confined to their bedroom due to their support needs. In addition, the programme of activities available to people should encourage a focus of physical activity, to support physical wellbeing. The manager should refer to the Care Inspectorate Care About Physical Activity (CAPA) for further guidance.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "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).

How good is our leadership?

4 - Good

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

Leadership within the service was supportive, responsive, and actively involved. Their visible presence encouraged staff to raise concerns, share ideas, and explore strategies to strengthen resilience. Staff reported feeling recognised and valued by the management team, which contributed to high levels of motivation, adaptability, and a strong commitment to delivering quality care and support.

The management team demonstrated good oversight of care through a comprehensive range of quality assurance processes. These included regular staff observations, reflective discussions, satisfaction surveys, and meaningful engagement with residents and their families.

A well-designed improvement and development plan was in place, and the manager had completed a self-evaluation assessment, aligned with our inspection framework and reflective of our findings. This gave people confidence that their care was well-managed and responsive to their needs.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. The manager ensured where needed, any identified risk led to changes in planned care.

Relatives consistently described the management team as approachable and receptive to feedback. Suggestions for service improvement and development were welcomed during review meetings and family group discussions. One relative shared:

"The manager and deputy manager are very approachable, great communicators and listeners, whether in meetings or just chatting about everyday life".

Following the implementation of new electronic systems for care planning and medication administration, the management team recognised the importance of maintaining rigorous quality assurance. They remained committed to ensuring care documentation continues to meet high standards.

The findings from Key Question three (staffing) have been considered when evaluating this Key Question.

How good is our staff team?

4 - Good

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

Staff recruitment was conducted in accordance with best practice guidelines, ensuring individuals hired were safe and suitable to provide care. All necessary checks were completed as part of the process.

Staff demonstrated enthusiasm and dedication in their roles. They had a clear understanding of their responsibilities and showed strong knowledge of residents' care and support needs. One relative commented:

"I can't fault all staffs efforts in helping promote my relatives wellbeing. If we as family have a suggestion for their wellbeing staff always take on board and support us".

Residents expressed confidence in the care team supporting them.

Staff reported feeling well supported in their roles and were comfortable approaching management with any concerns. As one carer shared:

"I feel supported by management and they are very approachable should I need to discuss anything".

An annual support programme provided staff with valuable opportunities to reflect on their practice, set objectives, and focus on professional development.

Training was delivered both online and in person, covering essential areas such as enhanced dementia care. Observations of staff practice were carried out to a good standard, ensuring staff had the necessary knowledge, skills, and awareness to meet residents' needs. This helped instil confidence in the care provided among residents and their families.

Staff meetings were held across all departments, including daily handovers focused on residents' needs. These meetings facilitated effective communication and enabled ongoing management oversight of care delivery.

Staffing arrangements were based on monthly assessments of residents' needs, using the provider's evaluation tool. We observed staff efforts in working diligently to respond promptly to residents' requests for care and support.

However, during the inspection, there were instances where staff deployment did not adequately support the delivery of responsive care. Deployment directly affects staff availability and perceived staffing levels. Some residents experienced delays in receiving assistance with personal care, repositioning, mobility support, and social engagement.

Staff shared the following comments:

"Lately, it has been increasingly difficult to meet the residents' personal care needs due to insufficient staffing".

"I used to manage fine when residents' care needs were lower, but now their health conditions have changed significantly, and the demands are much higher".

These issues had the potential to affect the overall quality of care and residents' wellbeing. As such, the manager should conduct a comprehensive review of staff deployment across all areas of the home, considering peak times and ensuring appropriate coverage during staff breaks. Please see area for improvement one.

Areas for improvement

1. The manager should conduct a comprehensive review of staff deployment across all areas of the home, considering peak times and ensuring appropriate coverage during staff breaks.

This should take into account the following:

- a. Staffing levels are appropriate to the care needs of people.
- b. Staffing level assessments take into account the additional staff time for the completion of relevant care related documentation.
- c. Time is considered to ensure people have meaningful connections with staff and the care received is not solely task based.
- d. Implementing systems to monitor and evaluate the effectiveness of staff deployment.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "My needs are met by the right number of people" (HSCS 3.15).

How good is our setting?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

The home offered a relaxed and welcoming atmosphere which reflected the age and preferences of residents. Individuals were given the freedom to personalise their rooms with entertainment options, such as radios and televisions. Bedrooms were uniquely decorated with personal belongings, helping residents feel truly at home in their surroundings.

Each floor included spacious lounge areas, available for residents to use at their leisure, promoting both choice and comfort. Additionally, smaller lounges provided a quieter, more peaceful setting ideal for reflection or spending quality time with family members.

A centrally located, enclosed patio offered a safe and accessible outdoor space. The surrounding grounds featured well-maintained pathways, enabling residents who enjoy walking to do so safely and comfortably.

Routine maintenance and equipment checks were consistently completed, with clear documentation in place. Records were signed and dated, ensuring an auditable trail and confirming adherence to safety protocols.

During the inspection, we advised the manager to secure specific staff-only areas, to enhance safety and reinforce infection prevention and control practices. We made reference to the guidance from the NHS Care Home Infection Prevention and Control Manual.

How well is our care and support planned?

4 - Good

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

We reviewed seven personal care plans and found them to be comprehensive and thoughtfully developed. Each plan provided staff with clear, practical guidance tailored to the individual's care and support needs. The documentation offered a holistic view of each person, incorporating life history, preferences, wishes, and values, ensuring care was respectful, meaningful, and person-centred.

Over the past year, care plans had been transitioned to a new digital system. This allowed staff to access key information quickly and update records in real time. Records were maintained well, meeting the area for improvement made at our last inspection.

Residents had access to external healthcare professionals, including GPs, opticians, and dentists, as needed. This ensured regular health screenings and timely support from peripatetic services. We found that input from these professionals was well documented within the sampled care plans.

Anticipatory care planning was in place for individuals requiring end-of-life care. This included the appropriate completion of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certificates, ensuring that care decisions were clearly recorded and respected.

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

The provider should ensure the care and support delivered people by staff is fully documented and evidenced. This ensures that care received by people is consistent and staff can both evidence and demonstrate the care and support delivered. It also supports the process for people reviewing their assessed needs. The documents can be used in legal proceedings should the situation arise.

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

This area for improvement was made on 4 December 2024.

Action taken since then

Evidence sampled at this inspection informed us that the manager has met this area for improvement. The introduction of the electronic care planning enables staff to keep records up to date well.

Previous area for improvement 2

To ensure people continue to have confidence that their care is being managed effectively and responded to appropriately, improvements should be made to the frequency and depth of the quality assurance processes completed. This would help to identify any gaps in the documentation at an earlier stage and explore learning outcomes.

This is in order to comply with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

This area for improvement was made on 4 December 2024.

Action taken since then

Evidence sampled at this inspection informed us that the manager has met this area for improvement.

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
1.3 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
3.3 Staffing arrangements are right and staff work well together	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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