

Inspection report

Ashley Court Care Home Care Home Service

33 Craighouse Terrace
Edinburgh EH10 5LH

Inspected by: Anne Dolan
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 23 May 2006

Service Number

CS2003010612

Service name

Ashley Court Care Home

Service address33 Craighouse Terrace
Edinburgh EH10 5LH**Provider Number**

SP2003002451

Provider Name

Randolph Hill Nursing Homes Ltd

Inspected ByAnne Dolan
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

23 May 2006

Period since last inspection

14 weeks

Local Office AddressStuart House
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Introduction

Ashley Court Care Home is part of the Randolph Hill Nursing Home Group. The Home is situated within a popular residential area of South West Edinburgh near to local amenities, bus routes and the City Centre.

There is accommodation for up to 60 residents in 50 single rooms and 5 double rooms. The accommodation is over three floors. There were 58 residents being accommodated at the time of the inspection.

There are 4 lounges and 3 separate dining areas within the Home.

The Home has a large enclosed garden area at the back of the building which can be accessed by residents.

Basis of Report

This report was based on an unannounced visit to the Home on 23rd May 2006 by two Care Commission Officers (The Officers) Anne Dolan and Beryl Hogg between 09:30am and 18:00pm.

The report was based on a visit to all floors of the home, consultation with the Manager, Deputy Manager, observation of care practice, examination of selected records, discussions with 10 care staff who were on duty at the time of the visit. The Officers also spoke with 9 residents and 2 visitors who agreed to talk to The Officers.

A sample of records were reviewed and these included:

Fire record Staff training files Staff records

Resident care files Residents personal plans Duty rotas

The Officers took account of The Regulation of Care (Requirements as to Care services)(Scotland) Regulations 2002 and inspected against the following Regulation:

Regulation 5: Personal Plans

The Officers also took account of the National Care Standards Care Homes for Older People and inspected against the following:

Standard 5: Management and staffing

Standard 99: Other Issues

Action taken on requirements in last Inspection Report

There were no requirements identified from the last inspection.

Comments on Self-Evaluation

Not applicable for this inspection

View of Service Users

The Officers spoke with nine residents throughout the visit.

All residents stated that they liked the Home and felt well cared for.

Some of the comments included:

"Care has improved" "feel I have choice" Staff treat you well"

"The food is good" "feel comfortable to complain if needed"

"Lately the staff have changed and some staff are better than others"

"Staff very good to visitors and make them feel welcome"

View of Carers

The Officers spoke with two visitors who were present at the time of the visit.

Both stated that the care was very good and that the care staff were supportive and friendly.

Regulations / Principles

Regulation 5: SSI 114 Regulation 5 (1) Personal Plans

Strengths

This regulation was inspected against one issue as discussed below.

Areas for Development

Through a random review of resident files it was noted that at least two of the more recently admitted residents as identified to the Manager and Deputy Manager did not have their admission documentation completed. Two of the residents had been admitted for more than one month. Review of two of the files showed that no risk assessments such as oral health had been undertaken, that the admission assessment was not completed, all healthcare needs had not been identified and there was no previous personal history of the person. (See Requirement 1)

National Care Standards

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

This standard was inspected against two areas of development identified from the last inspection.

The issue of wound care dressings and current good practice had been discussed at the last inspection and advice sought on the day of the last inspection regarding one wound. This was discussed with the Manager and Deputy Manager who assured The Officers that this issue was being consistently monitored. The Home had a good relationship with the District Nursing Service who made visits to the Home when requested and gave advice to staff when required.

Areas for Development

Whilst it was acknowledged that clinical supervision was being undertaken in the Home and that this was being effective it was noted that individual one to one formal supervision which had been discussed with the Manager and Deputy Manager at the last inspection was not being undertaken. The Officers were informed that this had been discussed with the Regional Manager who had begun to implement this with the Manager and the Deputy Manager and it was envisaged that this would be disseminated to the rest of the care staff group but no date had been set for this to commence. The Officers were informed that neither the Manager nor the Deputy Manager had been on training specifically for formal one to one supervision. They agreed to discuss this further with the Regional Manager. It was advised that this would be reviewed at the next inspection.

National Care Standard Number 99: Other Issues Related to National Care Standards and Regulations

Strengths

The Officers were advised that the night duty had been fully reviewed. There was a focus on individual care with individual preferences taken into consideration. Training was ongoing on night duty and appraisals were in the process of being undertaken. Home Management informed The Officers that morale on night duty had increased since the last inspection visit. Home Management were advised that this would be reviewed on an ongoing basis.

There was one recommendation identified from the last inspection this is discussed below.

It was recommended that the current information brochure be reviewed to include all the information within Standard 1.

The Officers were advised that the information brochure had been reviewed by the Regional Manager.

A covering letter is being included with the brochure from the Home which will have further information regarding the Home and at the time of the inspection The Officers were informed that this had been implemented.

The Officers were informed that the majority of the information regarding the Home is given to a third party such as family members or Social Workers if a resident was unable to comprehend the information.

Areas for Development

The Officers were also advised that the Home are planning to develop an information pack for all residents specific to the Home to enable individuals to have all pertinent information to hand as a reference guide. It was advised that this will be further reviewed at the next inspection.

Enforcement

There was no current enforcement action.

Other Information

The issue of a staffing notice was discussed with the Manager and the Deputy Manager. Home Management will be required to submit their assessed staffing notice in conjunction with dependency needs of residents to the Care Commission as soon as practicable to enable a new staffing notice to be developed for the Home.

The elements of fire safety to be inspected by Care Commission Officers as detailed in The Regulation of Care (Scotland) Act 2001, SSI2002 No 114 and the National Care Standards were at the time of this inspection found to be satisfactory. It should however be noted that this is not an indication that the Care Home complies with the minimum standards of fire safety under separate, more detailed Fire Safety legislation.

Requirements

1. It is a requirement that Home Management ensure that without delay those newly admitted residents as identified on the day of the inspection have their documentation completed. It is further required that all new admissions to the Home have their documentation completed within one month of their admission. This is to comply with a requirement where a provider ensures that a written plan is prepared which sets out the service user's health and welfare needs that are to be met. SSI/2002/114/Regulation 5

Recommendations

There were no recommendations identified from this inspection.

Anne Dolan
Care Commission Officer