

Ashton Grange Care Home Service

9 Hamilton Road
Glasgow
G32 9QD

Telephone: 01417632482

Type of inspection:
Unannounced

Completed on:
20 March 2024

Service provided by:
Keane Premier Healthcare Glasgow
Limited

Service provider number:
SP2018013243

Service no:
CS2018371796

About the service

Ashton Grange care home is registered to provide a care service to a maximum of 32 older people with assessed support needs. 1 of these places can support a named individual aged from 51 years and above and where required, five places can be used for long term/respite care for residents 55 years and above.

The manager also manages Greyfriars Care Centre with the support a deputy manager in each home. The provider is Keane Premier Healthcare Glasgow Limited.

The home is situated in the east end of Glasgow, close to local shops and public transport links. Accommodation comprises of 32 single bedrooms over two floors. The upper floor is accessed by a lift or stairs. Some bedrooms have ensuite facilities, with a mixture of toilet and showering facilities. Communal sitting areas are provided on the ground floor within the home. Residents have access to a safe outdoor space and the home has its own minibus.

About the inspection

This was an unannounced inspection which took place between 11 and 13 March 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 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 nine people using the service and spent time in the company of others who were less able to provide verbal feedback
- spoke with nine of their family and friends
- spoke with 15 staff, including management
- observed staff practice and daily life
- reviewed documents
- spoke with the commissioning contact for the service.

Key messages

- Positive interactions were seen between staff, residents and relatives.
- Meaningful activities and stimulation could be better for some people living in the home.
- People's health and wellbeing were seen to be supported by staff, working with external healthcare professionals.
- Staff and management should be aware of the factors which could have a negative impact on people's experiences and outcomes, and take relevant action or develop personalised strategies to address these.
- Management needed to ensure that any areas for improvement were actioned in a timely manner.

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?	3 - Adequate
How good is our leadership?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as overall adequate, as while some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

We observed positive interactions between staff, residents and relatives. The atmosphere within the home was relaxed and calm, with staff who were seen to be kind and caring in their approaches with residents. Staff also showed awareness of maintaining people's privacy and dignity when dealing with personal care.

Feedback from residents and families spoken with, was overall positive about staff and the care and support provided. People told us, 'I've lived here for a year now, staff have been really good', 'X is always well dressed and they enjoy the food', 'have lived here for many years, happy with everything', 'staff know us well and it's nice to be welcomed when I come to visit'.

How people spend their day is important in maintaining people's physical and mental wellbeing. The home had an activity co-ordinator, who spoke about their role in improving people's experiences through meeting individual resident's goals and promoting more community collaboration. We were told about the weekly activity plan which included internal activities and outings such as pampering, arts and crafts, entertainers, singing and dancing, walking football, ice-skating and the 'Come and Sing café' for people with dementia. They also used the Glasgow Resource Museum to stimulate conversation about people's memories and had a virtual reality headset which gave people access to a variety of experiences including concerts.

During our visit, there was a planned St Patrick's Day celebration with an entertainer and we saw that staff did their best to keep people engaged and stimulated at other times throughout the day. However, there were some comments from residents and relatives that sometimes people spent a lot of time on their own, weren't involved as much as they would like and wanted to get out more. We acknowledged that the activity co-ordinator was working between two homes till the other activity co-ordinator vacancy was filled. It was hoped that once this vacancy was filled, this would allow more time to plan with people what they wanted to be involved in.

We found the home to be overall visibly clean and tidy however, we found two bedrooms with unacceptable levels of untidiness, unpleasant odours and standards of cleanliness below what residents should expect. These were highlighted to management for immediate resolution. We found that the hairdresser's room was also in need of further cleaning and decoration. The condition of these areas had a negative impact on the experience of people living in or using these rooms and did not promote people experiencing an environment that was well looked after, clean, tidy and free from avoidable and intrusive smells. Although, action was taken to address the concerns raised at the time, to ensure continued awareness of what factors could impact on people's outcomes, we have made an area for improvement. (See Area for Improvement 1)

People's care and support should be led by individual personal plans which reflect people's health and care needs, relevant risk assessments and care plans. We saw that these were in place, along with outcome goals linked to people's life stories and 'at a glance document', which summarised people's planned support. Monthly reviews could be used better to reflect an analysis of the months care provision, what they have been involved in or achieved.

People's health and wellbeing were seen to be supported by staff within the home and external healthcare professionals, who worked together to monitor individuals care needs and any changes required.

This led to good outcomes for people around the management of medication, wounds, nutritional needs, stress and distress.

We saw that residents had access to regular fluids and snacks in between main meals, as well as appropriate staff support where required, and that food and fluid charts were completed timeously. Staff spoken with were aware of the residents who required additional monitoring which contributed to people receiving the care that was right for them.

Mealtime experiences, we observed, were overall positive with good staff support. However, we felt that the presentation and choice of textured diets could be better and the provision of menus, showing photos of the food being served and any alternative choices, would enhance the experience further.

We reviewed resident finances as part of this visit and asked management to ensure that, in line with best practice guidance, they had a copy of the paperwork to show what legal arrangements were in place for managing people's finances.

Areas for improvement

1. In order to ensure that people get the most out of life, staff and management should be aware of the factors which could have a negative impact on people's experiences and outcomes, and take relevant action or develop personalised strategies to address these.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6)

and

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20)

and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, as while some strengths had a positive impact on people's experiences, key areas of performance needed to improve to achieve consistent outcomes.

The home had a stable management team and supportive external management team. They were seen to be approachable and visible within the home and available to support staff where required. Families, spoken with, told us about some previous issues which had been addressed and that the leadership within the home had improved within the past year, 'X has gone from strength to strength since moving here, staff and management have been fantastic', 'we feel reassured that X is being looked after, they always keep us informed and updated'. This helped to make people feel valued.

Management had a Service Improvement Plan and carried out various audits, on a regular basis, to monitor compliance and the quality of service provided. The activity co-ordinator carried out monthly questionnaires with residents, about different aspects of living in the home and staff meetings, including clinical review meetings took place regularly. There was evidence that some of the identified areas had been completed and although, management had identified the bedrooms and the hairdresser's room, mentioned previously, for refurbishment, action on the bedrooms was required quicker than was facilitated, in order to maintain good outcomes for residents. (See Area for Improvement 1)

Staffing levels were calculated, on a monthly basis, using a dependency tool which reflected residents' care and support needs. The tool reflected that the required number of staffing hours were in place. However, staff told us that they felt under pressure, at times, trying to meet the needs of residents and would like to be able to spend more quality time with residents. This mirrored the previous comments we received from some residents and relatives, about not being involved as much as they would like and wanting to get out more. We discussed the new Staffing legislation, with management, and the expectations around including staff, resident and families feedback when deciding on staffing levels. We also discussed how people could best be supported at busy times or with planned events or outings.

The benefits of reflecting the outcomes of people living in the home, using the quality framework as a self-evaluation tool, was discussed with management, and how this will be used to assess services in the near future.

We found the staff and management team were committed to ensuring that people were well cared for and were motivated to do their best to support people living in the home.

Areas for improvement

1. In order to ensure that the best possible outcomes are achieved and maintained for people living in the home, management should ensure that any areas for improvement are actioned in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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