Ashlea Court Care Home
Care Home Service

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Type of inspection:
Unannounced

Completed on:
31 October 2024

Service provided by:
Ashlea Court Care Home Limited

Service provider number:
SP2019013324

Service no:
CS2019375476

About the service

Ashlea Court Care home is situated in the Village of Ashgill, South Lanarkshire. The service provider is Care Concern Group.

The home is registered to provide care and support for up to 86 older people. At the time of the inspection, the home had 58 people living in the service.

The home has a main building over two floors and an annex which is currently not in use. The main building consists of two floors with a lift providing access to the upper floor. Resident's bedrooms are spacious and provide ensuite facilities. There are communal lounge and dining areas on both floors. Residents and visitors can access an internal courtyard with seating available for their use.

The home is accessible to public transport and local amenities.

About the inspection

This was an unannounced inspection which took place on 29, 30 and 31 October 2024. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

In making our evaluations of the service we:

- Spoke with seven people who used the service and five of their relatives.
- Spoke with 12 staff members and the management.
- Spoke with two visiting professionals.
- Observed practice and daily life.
- Reviewed documents.
- Obtained feedback from 14 other residents through feedback surveys.

Key messages

- People were well cared for and told us they were happy living at the home.
- People were supported by the right number of staff at the right time to meet their needs.
- Personal plans were personalised, outcome focused with good guidance to ensure people were well supported and safe.
- There were a range of audit tools used to inform the manager and senior management about how well the service was performing.
- Policies and procedures needed to be updated to reflect Scottish Legislation and best practice.
- Staff needed to utilise the space better to ensure people could choose where they spent their time, particularly when friends and family visited.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

We observed that people were relaxed in staff company and there was warmth, kindness and compassion being delivered. Families were complementary about the quality of care their loved ones received. They told us they were "very happy with the care in the home, staff are very good and very knowledgeable" and people using the service said, "staff take good care of us."

How people spend their day is important in maintaining people's physical and mental wellbeing. There was a good programme of organised activities that people were encouraged to participate in at their own level and choice. We observed group activities as well as one to one interactions with people. Activity coordinators recorded people's social needs well in the form of personalised scrap books, containing art work people had completed. They also took photographs to capture how people were spending their time. These could be shared with family and friends. The home had a minibus which provided opportunities for people to engage in the community. Some residents spent time outwith the home visiting local shops with friends. People were encouraged to maintain their independence and their sense of identity by continuing with meaningful relationships they had prior to and since moving into the home.

We sampled food and people's mealtime experiences. The presentation and quality of food was good, and most people told us they enjoyed their meals. There was a good staff presence and those who required assistance were supported appropriately. There were menu's on the table which encouraged choice and people could choose alternative meals to suit their preferences or dietary needs.

People have the right to appropriate healthcare. We saw that assessments and systems were in place to assess and monitor people's health and wellbeing needs. Referrals to and input from relevant healthcare professionals such as, the Care Home Liaison Nurse, Falls Team, Podiatrist, Optician, GP, Dietician and Speech and Language therapist were seen. This demonstrated that people's healthcare was being monitored and supporting staff to manage any changing needs. We spoke with visiting health professionals who offered positive feedback on the service's clinical knowledge, interventions, and partnership working. These approaches helped keep people well and ensured their health needs were being met.

Medications were managed effectively with safe systems in place for storage, administration and recording. We were reassured people received medication that was right for them and at the right time. There were appropriate protocols for those who were prescribed, 'As Required' medication.

We saw relevant nutrition and hydration assessments, and evidence staff were monitoring people's weights. Staff spoken with, were aware of people's needs and clear who required additional monitoring, whether that was observations due to mobility or stress and distress concerns, change of position, food and fluid monitoring.

We found oral health care was managed well and we saw appropriate management of skin issues including wounds. We noted that there had been a significant reduction in falls since June this year. This had been managed well on an individual basis and we felt the service's overall falls management and analysis including quality assurance was good. This helped to develop a lessons-learned approach and promoted people's wellbeing.

How good is our leadership? 4 - Good

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

People should have confidence that the service is well led and managed. Staff spoke positively about the management team who were seen as being responsive, approachable and supportive. There was regular communication between management and staff, with daily flash meetings and handovers, and regular clinical and heads of departments meetings, which ensured everyone was aware of key issues in the home. This helped keep people safe and well.

There was good evidence that the management team provided a range of opportunities for people to provide feedback on the service and contribute towards improvements. Some of which included newsletters, telephone calls, meetings, and online responses. Recent feedback showed that people were satisfied with the service and happy with the standard of care and support provided. Concerns and complaints were recorded and responded to effectively and where improvements were needed, they were acted on. This reassured us that people were encouraged to express their views and their suggestions respected and used to ensure ongoing improvement.

There were effective quality assurance systems in place to provide management oversight of the service and identify any issues to be addressed. This included audits of falls, nutrition, medication, care planning, accidents and incidents, Infection Prevention Control, environment, maintenance, housekeeping, meal time, donning and doffing of PPE and daily walk round checks. We would have liked to have seen the home carry out observations of staff's moving and handling, unfortunately this was not part of the quality assurance checks carried out by management.

People should be looked after by staff who are trained and competent. We were concerned that new workers may be carrying out moving and handling techniques prior to receiving the appropriate training. Where staff were not trained in moving and handling prior to starting employment, amended duties were applied. However, the current risk assessments in place should be more robust and clearly outline roles and responsibilities of the employee and employer. This will ensure workers are aware of the expectations of them and ensure people are kept safe. (See Area for Improvement 1)..

We found overall detail within policies and training materials were relevant. However, we discussed with management that some details and review dates required updating. Polices should also reference to their Standard Operating Procedures (SOP) and up to date Scottish legislation and best practice. We incorporated this into Area For Improvement 1.

There was a Service Improvement Plan that was a live working document. This was a good tool that enabled the manager to identify key areas needing improved and how best to go about this to direct improvement across the service. Carrying out self evaluation of the service may inform how they progress with their improvement plan going forward. This will ensure management identify not only processes that are in place, but how outcomes for people have been achieved.

Areas for improvement

1. To ensure that all staff are trained and competent and have relevant guidance on how to fulfil their roles and responsibilities, the manager must ensure:

1 – where training is not available prior to starting employment, health and safety risk assessments for employees must be robust and clearly detail what moving and handling techniques are permitted in their amended duties.

2 – policies and procedures are updated to reflect best practice and Scottish Legislation.

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

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.

People told us staff were kind and caring. We observed some warm and caring interactions between staff and people in each unit. Relatives said that staff were approachable and that they would raise any concern they had with them.

People could be assured that the numbers and skill mix of staff were determined by a process of continuous assessment. A recognised method was used to help inform staffing levels. This was used in conjunction with the knowledge of people's needs from both the core staff group and management team. This included taking account of the complexity of people's care and support. Extra hours were also factored in to meet other specific non-direct care needs.

The use of Agency staff was low and there was a core staff team on each floor, who knew the residents well, responded promptly to their requests and demonstrated positive values. Staff told us they do not have the concerns of having to support staff who are unfamiliar with residents and their needs. Morale across the service was high, staff we spoke to said they were happy at their work. The provider had in place a confidential Employee Assistance Programme to assist with wellbeing of staff, raising any work life balance issues that may arise. Staff told us they felt well supported by management and confident in raising concerns. This enabled people to have a positive experience of their care as the staff team were enthusiastic and happy.

Staff helped each other by being flexible in response to changing situations to ensure care and support was consistent and stable. However, feedback from housekeeping staff indicated they experienced time constraints and were not always able to complete their daily tasks. These issues were adding pressure to staff workload and had a potential infection prevention and control risk for the home. We discussed these important areas with the management team who agreed to review how best to use domestic and laundry hours to extend the length of the time they are present in the building. This will ensure that people continue to live in a clean, safe, and attractive care home with further improvements.

Using robust recruitment procedures is important for ensuring people who use the service are adequately protected. Systems were in place to show that staff were appropriately registered with regulatory bodies such as the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team. However, staff recruitment was not consistently in line with 'Safer Recruitment through Better Recruitment' Guidance.' The manager must ensure gaps in people's employment will be followed up.

Staff completed a range of online and face to face training courses relevant to people's needs. There were high levels of completion of mandatory training. However, completion of training needs to be supported by assessment of staff's knowledge and understanding of how the training affects their practice. Competency checks would be enhanced by including staff observations of Moving and Handling and awareness of Dementia practice.

Team meetings happened regularly and we could see evidence staff were being supported by regular one to one or group supervision. Supervision is the opportunity for staff to reflect on their practice and development and their wellbeing.

How good is our setting? 4 - Good

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

The environment was generally clean and tidy. People's bedrooms were personalised with their pictures, furniture and technology which was good as this promoted comfort and familiarity.
The corridors although wide and spacious appeared clinical in appearance. We saw evidence people were asked for their views and opinions on how the home was to be painted, evidencing choice and preferences being taken into account.

The signage and visual markers, such as signs to show where the toilets were, enabled people to move easily and independently around the home. However, each bedroom should have the persons name clearly displayed so the rooms can be easily identified and people feel familiarity within the home. The environment should be regularly assessed to ensure that it remained dementia friendly. Management was introducing these changes during the inspection and we were confident improvements were being made.

There was a secure courtyard garden outside on the lower ground with attractive tables and chairs that people from both floors benefited from. People could independently use the gardens, weather permitting. We observed people accessing this space during the inspection. However, during our visit we highlighted the positioning of the garden furniture could cause injury or harm. The management rectified this immediately.

The equipment used in the home were cleaned to a high standard and we confirmed they had been serviced recently. Maintenance records were in good order, with a clear process for highlighting any required work. Consequently, the general environment was safe and secure.

On the first floor there was separate dining and lounge areas, with a TV and comfortable chairs and sofa's. This was where people spent most of their time, mixed with others and participated in activities. The upstairs lounge was also used as their dining area and it was observed to be overcrowded. This could have a negative impact on peoples wellbeing due to noise levels. It could increase agitation in those with stress and distress and increase risk of falls due to lack of space. There was a second smaller room which was not being utilised during the inspection. Relatives told us they could not use the lounge areas when they visited.

We saw signage which evidenced there were restrictions in place. We asked management to review the restrictions and encourage staff to use the second lounge to reduce overcrowding. This would help the staff make better use of the space available so that people have more choice where they spend their time and relatives feel the home is welcoming and inviting. (See Area for Improvement 1).

Areas for improvement

1. To ensure that people have more choice where they spend their time and relatives feel the home is welcoming and inviting, the manager must ensure:

1 – the staff utilise the space provided to reduce overcrowding.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11) and '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).

How well is our care and support planned? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. We therefore evaluated this key question overall as very good.

Personal plans were outcome focussed and directed staff to provide appropriate care and support. We saw people's family trees being completed which helped to record who was important in peoples lives. The service used Resident of the Day to focus on an individual resident's care, and support, environment and update their care plan.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed and evaluated to capture any change to individual need. We saw review trackers that evidenced when reviews were completed. We discussed with the manager the need for review paperwork to be kept in people's files. How people's social needs were met could be included in personal plans rather than being in separate files.

There was good detail recorded on individual medical conditions as well as for people who experienced increased levels of anxiety and how to support this effectively.

The home had good links and regular contact with GP's and external health professionals who provided advice and support where needed to help maintain peoples' health and wellbeing.
It is important people, and their legal representatives have opportunities to discuss and agree how they would like to be supported at the end of their lives. Anticipatory care plans were in place, including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certificates. These helped to direct the care and support for people at the end of life and demonstrated that people were listened to and their preferences and requests recorded.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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