

Ashgill Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
13 February 2025

Service provided by:
Ashgill Care Home Limited

Service provider number:
SP2012011783

Service no:
CS2012306467

About the service

Ashgill Care Home is registered to provide a care service to a maximum of 60 older people. The provider is Ashgill Care Home Limited. The care home is located in Milton, a residential area in Glasgow. There are local amenities and public transport links nearby. At the time of this inspection there were 48 people living in the home.

The service is provided over two floors within a purpose-built building. There is a reception room, with a lounge area and dining room on each floor. Bedrooms do not have en suite toilet facilities. The home benefits from a secure garden at the rear of the building. Visitor parking is located within the grounds of the home.

About the inspection

This was an unannounced inspection which took place on 4, 5, 6, 7 and 11 February 2025. Additional information was requested and received from the manager on 13 February 2025. 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 seven people using the service and five of their relatives
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with five visiting professionals

Key messages

- Meaningful activities and positive engagement with residents must be improved to promote social interaction and reduce boredom and isolation.
- The management of people's nutritional needs and the mealtime experience must be improved to ensure that people are receiving the support they need to promote their health and wellbeing.
- Clinical oversight must be improved to ensure that people are receiving high standards of clinical care.
- Systems to ensure quality and drive improvements must be improved to ensure that people experience good outcomes.
- Further environmental improvements are needed to enhance peoples experience of their environment.
- Personal plans must be improved to reflect people's needs, wishes and preferences and ensure that people receive effective person-centred care that meets their needs.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Whilst we saw some natural and warm interactions between staff and residents, staff engagement with people was predominantly task related, and we saw little of the spontaneous meaningful engagement that helps people to feel included and valued and help them retain social skills. This meant that people were often spending time unoccupied, unstimulated and isolated. See requirement 1.

We found in relation to people's presentation that their clothes were clean. However, when it came to personal grooming there was often a lack of the attention to detail needed to promote people's dignity with evidence that people had not had their hair combed when being supported with personal care. See area for improvement 1.

Mealtimes needed to be better supervised by staff to ensure that this is a positive experience for people, and it is important that nurses support the mealtime experience to be able to identify and follow up on any issues people have with eating and drinking, and to observe staff practice including in relation to managing stress and distressed reactions. We were pleased to hear that stress and distress training was due to be delivered to staff in the coming weeks.

The observed mealtimes were process driven with little consideration of people's overall experience. We noted occasions where staff were supporting people with meals from a standing position. There were no show plates to help people make a choice at mealtimes and this is particularly important where people have cognitive impairment and people were served meals without being told what it was. An example being that people were served soup, but not told what the flavour was. See requirement 2.

We also noted in one of the dining rooms that people's level of distress was not being well managed. This was having an impact both on the individual and on others and consequently impacting on people's enjoyment of their meal, and staff appeared unaware of levels of sensory stimulation that may be impacting people such as the level of background music.

It was evident from our observations at mealtimes and from sampling records that staff understanding of how to address weight loss needed to improve and in particular there was a poor understanding of how to use the MUST step 5 screening tool to identify adults, who are malnourished or at risk of malnutrition. Staff can identify weight loss, identify that weekly weights are needed, can create a MUST step 5 tool, but don't follow this through in practice. See requirement 2.

We saw that food fortification was not happening consistently and discussed this with the manager. We observed that people on diet levels 5 which is minced and moist and level six which is soft and bite sized were receiving the same textured meal.

We were concerned about the high number of people spending time in wheelchairs and not being transferred from these at mealtimes or when returning to the lounge. We asked the manager to review this and confirmed that there was sufficient equipment to support people from their wheelchair to a dining chair or to a comfortable chair.

We reviewed wound management records and found that when wounds were detected, how these should be managed was being recorded. However, this was not being consistently reviewed to identify progress and photographs were not being taken each time a dressing was changed. Referrals to care home liaison nurse and podiatrist were being made, however, not as responsively as needed and when advice was given this was not being followed consistently. These things were contributing factors to wounds deteriorating or failing to heal. See requirement 3.

Stress and distress management needed to improve. Where people were experiencing stress and distressed reactions this was not well recorded to identify potential triggers or strategies that had helped to reduce these reactions. This meant that important information that could contribute to the effective review of an individual by health professionals was not available, and stress and distress plans lacked the detail needed to ensure that staff were consistent in their approach. See requirement 4.

We looked at medication management. Positives included that the treatment room was tidy and not overstocked, the trolley was well set out and tidy, there were running balances of medication and no missing signatures. Supportive recording for people on heart medication, and insulin levels was evident.

We asked the manager to ensure that people who receive their medication covertly have this reviewed on an annual basis. See requirement 1 in the section 'How good is our leadership'. Covert medication is medication administered in a disguised format. We noted that the number of residents who received their medication covertly appeared higher than average, and further guidance from the pharmacist was needed in relation to the medium that medication can be provided in, as there may be contraindications to giving medication concealed in some drinks or foods or in liquid medication.

We observed that medication was being given out at mealtimes in one of the units. This should be reviewed to ensure that people who need to take medication before meals and after meals are having this dispensed appropriately. When taken with meals, medication can also effect the taste of food and can make the medication ineffective and interfere with absorption.

Requirements

1. By 9 May the provider must ensure that people have regular opportunities for stimulation and meaningful engagement to reduce boredom and isolation and help increase communication and social interaction.

This is to comply with Regulation 4 (1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

2. By 9 May 2025 the provider must ensure people receive appropriate nutritional support to maintain their health and wellbeing.

To do this the provider must at a minimum:

- a) ensure that food fortification is taking place for those identified as at risk of malnutrition.
- b) ensure that plans to support people who are identified as at risk of malnutrition are in place and regularly reviewed.

- c) ensure that the mealtime experience is being led effectively.
- d) ensure that staff have the appropriate training to correctly prepare different levels of textured diet.
- e) ensure that there is effective management oversight of nutritional support.

This is to comply with Regulation 4 (1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'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 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

3. By 9 May 2025 the provider must ensure that wound management is effective to support people's health and wellbeing.

To do this the provider must at a minimum:

- a) ensure that appropriate follow up referrals are made to health professionals in a timely manner.
- b) ensure that nursing staff follow advice given by health professionals and adhere to wound treatment plans.
- c) ensure that there is effective management oversight of wound management.

This is to comply with Regulation 4 (1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

4. By 9 May 2025 the provider must ensure that staff respond appropriately to people who experience stress and distress to ensure that their needs are being met .

To do this they must at a minimum:

- a) ensure that people have plans that identify their potential triggers for stress and distress and outline risk reduction and coping strategies.
- b) ensure that episodes of stress and distress are being recorded to help identify potential triggers and support early responses to decrease the occurrence of distress.
- c) develop a plan to ensure that staff supporting people who experience stress and distress have the appropriate skills and knowledge to do so effectively.
- d) ensure that there is effective oversight of the management of stress and distress.

This is to comply with Regulation 4 (1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. To maintain people's dignity, the manager should ensure that staff pay attention to detail when providing personal care to residents.

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

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

At the time of this inspection the manager had only been in post for a month. There was no deputy manager and no clinical lead and we acknowledged the limitation and demands on the managers time as a consequence of this. This had an impact on the progress of improving the areas identified by other visiting professionals and by the manager. We concluded that the impact of not having a clinical lead was reflective of our findings in the section 'How well do we support people's wellbeing'.

We were, however, encouraged by the improvements that had been made. A deputy manager had been recruited and clinical lead support identified, both yet to start. There had been some financial investment since the manager had taken up the post, however, it was disappointing that this was on the purchase of relatively basic items to support people's comfort and care such as bedding, towels and replacing furniture.

We found that the manager was quick to respond to any practice issues that we identified during the inspection and acknowledged the need to improve the staff practice and culture in the home.

A positive was that the manager had identified the key improvement priorities and had created a service improvement plan with support from Glasgow Health and Social Care Partnership commissioner. This will need further refinement to be an effective change management tool, and should support a more realistic and manageable approach to realising the necessary improvements. The manager also welcomed the additional support being provided by the commissioner. See requirement 1.

The provider had decided to place a voluntary moratorium on the service to allow the manager time to move forward with the necessary improvements. This meant that there would not be any new admissions until improvements had been made in the home.

Audit tools were available for a range of key tasks and areas of care including falls audits, care plan audits and mealtime experience audits. Last completed in September 2024, these will need to be reinstated as a priority to provide baseline information and identify where improvements are needed. Where improvements had been noted in previously completed audits this was not consistently carried through to an action plan, therefore it was not possible to determine if improvements had taken place. See requirement 1.

Daily meetings with the heads of department were an important way to keep staff up to date and identify and address any improvements needed. It is important to continue to develop other methods to support management oversight. See requirement 1.

It is crucial that health and safety checks are carried out in a care home to ensure that the environment and equipment are safe, protecting people from the risk of harm. Almost all of the safety check records that we would expect to see were missing. Whilst we were reliably informed that these had been available and completed until recently, it was unclear where these records had gone and could not be retrieved during our visit. This meant that we could not be confident that at the time of this inspection that risk was being appropriately managed. See requirement 1.

The provider and manager responded quickly prioritising the completion of safety checks, including water temperature checks, window restrictor checks and more robust fire safety checks. Although we did see evidence that fire safety checks had been carried out, there was a gap of several weeks where there was no record the weekly fire check had been completed. This was during a period that predated the current manager.

We found a significant number of incidents and accidents that should have been reported to the Care Inspectorate and adult protection concerns raised with the local authority, these had taken place prior to the current manager being in post. See requirement 2.

Requirements

1. By 9 May 2025 the provider must ensure that there are effective systems in place to maintain people's safety and support service improvements.

To do this the provider must at a minimum:

- a) reinstate all quality audits.
- b) include actions identified from internal and external audits in the service improvement plan.
- c) continue to develop and review the service improvement plan to ensure that the interventions identified are effective.
- d) ensure that there is management oversight of health and safety checks within the home.
- e) ensure that where medication is being administered covertly that the covert pathway is reviewed annually.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

2. By 9 May 2025 the provider must ensure that the Care Inspectorate are notified of all reportable accidents, incidents and protection concerns in a timely manner and ensure that protection concerns are immediately reported to social work.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

It is incumbent on the provider to ensure appropriate staffing in the home and appropriate training of staff. The dependency tool that had been used prior to the manager coming into post, to determine staffing levels, had not been used to inform the current staff rota. The manager advised that people's dependencies also needed to be reassessed to ensure that these were an accurate reflection of people's needs. See requirement 1.

Other factors in addition to a dependency tool should be considered when determining appropriate staffing levels, including time spent on non direct care activities such as dealing with health professionals, administrative duties, staff training, the time taken to give out medication and time for meaningful engagement with people. This will help provide a more accurate assessment of the staff hours needed for direct care and if more staff are required at certain times of the day, for instance during mealtimes. See requirement 1.

We noted that staffing levels had increased since the new manager had come into post, and from our discussions with staff it was evident that this had impacted positively on staff morale. Nonetheless we observed that people spent long periods of time unoccupied. The manager should identify if this was because staffing levels were not sufficient or that the deployment of staff was not effective or if there was some other contributing factor.

Staff were observed to be busy completing tasks and were not focused on responsive, person-centred engagement. We identified that staff would benefit from training to improve their dementia care skills and knowledge. This would help them develop a person-centred approach to support and prevent people from feeling lonely or isolated. See requirement 2.

We sampled staff training records and found that training compliance needed to improve to ensure that staff had completed the training essential to support them in their role and promote safe working practices including moving and assisting training. A training needs analysis should be carried out as this will help identify any gaps in staff knowledge and skill and should be used to inform a workforce development plan. See requirement 2.

Housekeeping staff were working hard to maintain standards of cleanliness in the home, and it was positive that there were housekeeping staff available into the early evening. The home whilst tired in areas was clean and there were no lingering odours during our visit, and it was positive that the manager was recruiting to increase the maintenance team.

Requirements

1. By 9 May 2025 to ensure that people's care and support needs are met, the provider must ensure staffing arrangements are safe and effective.

To do this, the provider must, at a minimum:

- a) regularly assess and review people's care and support needs.
- b) demonstrate how the outcome of people's assessments is used to inform staffing number and arrangements.
- c) implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.
- d) regularly review staff deployment.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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

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

2. By 9 May 2025 to promote the safety and wellbeing of people, the provider must ensure that staff receive essential training and development opportunities to enable them to be competent in their roles.

To do this the provider must at a minimum:

- a) undertake a training needs analysis to identify what training and development is required for each role.
- b) maintain an accurate record of all staff training, including refresher training.
- c) implement quality assurance systems to evaluate the effectiveness of training and development opportunities and ongoing competency of staff.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

During this inspection we found the home to be clean and free from odour. It was positive that housekeeping staff were available from early morning into the early evening, helping maintain standards of cleanliness throughout the day. The laundry was small, but appeared well managed with domestic machines being used. These were able to achieve the appropriate hot temperatures needed to achieve thermal disinfection, essential to reduce the potential risks from infectious linen.

To improve people's comfort and experience of their environment, the new manager had replaced beds and purchased chairs, side tables and soft furnishings. There were plans to replace the flooring in one of the lounges and to upgrade two of the shower rooms. These planned environmental improvements should be included in the service improvement plan to help manage any potential slippage in achieving these.

It was positive that a bathroom in one of the units was being brought into use, however, disappointing that this hadn't happened sooner as this meant that people living in that unit had not had access to a bath within that unit for some considerable time. Using the facilities in another unit was an option but was not practical and did not support people's dignity.

People had a sink within their bedrooms, but no toilet facilities and some of the bedrooms were a distance from the nearest communal toilet. To help address this, the manager had purchased commodes for people's rooms for overnight use.

The decor in the corridors was bright, however, we noted that the quality of finish of the paintwork was not of a high standard. We also noted that some of the floor coverings were in need of repair or replacement.

An enclosed garden was available for use by the residents, however, this was in a state of neglect and required attention to bring it up to a safe usable standard. We asked the manager to review the current use of the garden by residents who smoke and to risk assess the potential trip and slip hazards. See area for improvement 1.

As previously mentioned in the section 'How good is our leadership', records of equipment and environmental safety records were unavailable at the time of this inspection. The manager took immediate action to address this and carry out baseline recordings.

We saw that equipment used to move people had been checked and was in a good state of repair.

Areas for improvement

1. The manager should carry out a risk assessment of the garden to identify and reduce any hazards that compromise the safety of people who wish to use it.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

People's personal plan should be a reflection of the whole person and give an in-depth account of them as a person and their fully assessed needs.

Personal plans sampled were person-centred, in part, but did not include all the key information about how staff managed people's care and support needs. For example, stress and distress plans were not sufficiently detailed to help staff consistently employ effective reduction strategies. The information in people's future care plans needed to be more detailed to reflect people's wishes should their health deteriorate and to indicate how they wished to be supported at the end of their life. This meant that plans did not always reflect an individual's current or future support needs and choices. See requirement 1.

People's preferences and routines were not always identified to ensure that they received the care needed to meet their needs. For instance, it was not evident when people preferred to get up in the morning or retire to bed. And the way people wished to be supported during personal care needed to be more detailed to ensure that they received what was consistent with their wishes.

Clinical risk assessments were generally being completed, however, we could not be confident that risk management plans were always appropriate to address any concerns identified. Detailed advice provided by health professionals, for instance such as the falls team was not consistently carried through to people's mobility plans. See requirement 1.

ABC charts which are helpful to understand what else can trigger behaviour changes were not being completed consistently. Recording these events can often help identify other possible causes and support health professionals carry out reviews of medication. See area for improvement 1.

Daily notes were focused on tasks and did not give an overall account of how people spent their day or how their mood was during the day.

Overall, personal plans lacked the level of detail needed to ensure that people received the support they needed to be able to achieve the best outcomes. It was difficult to determine if outcomes were being met. See requirement 1.

Care reviews sampled were clinical in nature and did not reflect how the home was meeting people's psychological and social needs. See area for improvement 1.

A positive was that legal paperwork necessary to protect people's rights was in place within the personal plans we sampled. The manager planned to create an overview of residents who have legal proxies.

Requirements

1. By 9 May 2025 the provider must ensure that people's personal plans are accurate and up to date and reflect their needs and wishes.

To do this, the provider must, at a minimum:

- a) Develop a SMART action plan to review and improve the quality of information within personal plans.
- b) Identify personal plans that need to be reviewed and updated as a priority.
- c) ensure that when being updated, personal plans reflect in detail people's preferences and wishes.
- d) ensure that personal plans are automatically updated where people's needs change or where advice is provided by health professionals.
- e) ensure that care reviews fully reflect people's health and wellbeing needs and how these are being met.

This is to comply with Regulation 4 (1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Areas for improvement

1. Where ABC charts are being used to identify possible causes that trigger behaviour changes, the manager should ensure that these are being fully completed by staff after each episode of distressed behaviour.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and personal planning reflects people's outcomes and wishes	2 - Weak

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